

NATIONAL INSTITUTE OF SIDDHA

Chennai – 47

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI - 32

**A STUDY ON
VATHA PERUMBADU**

(DISSERTATION SUBJECT)



*For the partial fulfillment of the
requirements to the Degree of*

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V – NOI NAADAL DEPARTMENT

SEPTEMBER – 200

ACKNOWLEDGEMENT

I express my sincere thanks to the **Vice-chancellor**, The Tamil Nadu Dr. M. G.R. Medical University, Chennai.

I take this opportunity to express my gratitude and acknowledgement to **Prof. Dr. S. Boopathi Raj, M.D. (S)**., Director, National Institute of Siddha, Chennai-47 for giving permission to utilize the facilities available in the college to complete my dissertation work.

I express my sincere thanks to **Prof. Dr. Manickavasagam, M.D. (S)**. Dean, National Institute of Siddha, Chennai.

I would like to express my profound sense of gratitude to our **Prof. Dr. M. Logamanian, M.D(S). Ph.D.** Head of the Department, Noi Naadal& Hospital Superintendent, National Institute of Siddha, Chennai for the valuable guidance to complete my project. The moral strength which he provided me at odd times helped me reaching the stars.

I take this opportunity to express my deep sense of gratitude, dignity and diligent salutations to **Dr. S. K. Sasi M.D. (S)**. Former Head of the department, Noi Naadal, National Institute of Siddha, Chennai – 47, for her ceaseless encouragement and most valuable guidance to undertake this dissertation study. The moral strength which she provided me at odd times helped me reaching the stars.

I express my whole hearted thanks to **Dr. R. Neelavathy M.D. (S)**., Former Lecturer, National Institute of Siddha, Chennai - 47, for her valuable guidance.

I express my sincere gratitude to **Dr. A. Vasuki devi, M.D. (S)**, Former Lecturer, Department of Noi Naadal, National Institute of Siddha, Chennai -47, for her valuable guidance.

I express my grateful thanks to **Dr. S. Elansekaran M.D. (S)**, Lecturer, Department of Noi Naadal, National Institute of Siddha, for his moral support and encouragement.

My deep sense of gratitude to **Dr. G. J. Christian M.D. (S)**, Lecturer, Department of Noi Naadal, National Institute of Siddha, for his memorable support, valuable suggestions and as well as encouragement carrying out this work

I express my sincere gratitude to **Mr. P. Jayapal M.Sc.**, Asst. Professor, Statistics, National Institute of Siddha, for his guidance in statistical analyses.

I express my sincere thanks to **Dr. Vijaya sathish kumar, M. D.** and **Dr. Rajavelu Indira M.D.**, Department of Pathology, Govt. Medical College, Chengalpattu for his valuable support during this work.

I express my sincere thanks to **Dr. Kalavathy Kamalakar Rao, M.B.B.S, DCP**, CCRI, Arumbakkam, for her guidance in this work.

I wish to thank **Mrs. Maragatham M. Sc.** (Bio-chemistry), Lecturer in National Institute of Siddha, for her valuable support during this work.

I express my sincere thanks to **Dr. Saravana koodam, M.D. (S)**, Medical officer, National Institute of Siddha, for his valuable support during this work.

I express my sincere gratitude to laboratory assistants; library staffs of this institution for their kindly help through out the project work .I thank the library

authorities of Roja Mutthiah library, CCRI library, Connemara library from where I derived much of the literary support.

I wish to thank my beloved family members and friends for their selfless help for this work. My sincere thanks to Ganesh Printers, Thevur for their Co-operation in bringing out this dissertation work in full fledged manner.

CONTENTS

S. No	Contents	Page No
	Acknowledgement	
1.	Introduction	2
2.	Siddha Physiology	5
3.	Siddha Pathology	31
4.	Diagnostic Methodology	37
5.	Aim and Objectives	45
6.	Review of literature – Siddha	48
7.	Pathology for Vatha perumbadu	64
8.	Review of literature – Modern	68
9.	Materials and Methods	86
10.	Observation and Results	89
11.	Discussion	115
12.	Summary and Conclusion	121
13.	Annexure	123
14.	Bibliography	137

INTRODUCTION

INTRODUCTION

“ உயிர்க்குறுதி எல்லாம் உடம்பின் பயனே

அயிர்ப்பின்றி ஆதியை நாடு ”

–ஒளவைக்குறள்

“ உடம்பார் அழியில் உயிரார் அழிவர்

திடம்பல மெய்ஞானம் சேரவும் மாட்டார்

உடம்பை வளர்க்கும் உபாயம் அறிந்தே

உடம்பை வளர்த்தேன் உயிர் வளர்த்தேனே”

–திருமூலர்

This Quotation's stresses the importance of maintaining a healthy body. Thirumoolar and Auvaiyar say that when one's health deteriorates, the soul also deteriorates and prevents the person from attaining divine wisdom. They say that by knowing the methods of protecting the body from deterioration one can obtain longevity of the soul.

This reminds the famous saying

“Health is Wealth”

A health body is the real wealth of a person. Health is defined as a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity.

According to Siddha system of medicine, the treatment is given not only to the body but also to the mind. Psychological changes are said to be causes for a disease. And so, the saying “A Sound mind in a Sound body” is very meaningful in this context.

Siddhars have mentioned the basic functions and constitutions of the body in a beautiful way. All the things in this universe including man are made up of five basic elements named as “Pancha Boothas”. They are Earth, Water, Fire, Air and Space.

And then “Uyir thathukkal” or humors namely Vatham, Pitham and Kabam are formed by the combination of these pancha boothas. Whenever there is any derangement in these thathus, the resultant would be the “Disease”.

“மிகினும் குறையினும் நோய்செய்யும் நூலோர்

வளிமுதலா எண்ணிய மூன்று ”

-திருக்குறள்

Food habits and daily activities of an individual play a major role in causing disease, because the abnormal physical activities may enhance the three basic humors level which results in a disease. Emotion and stress also stimulates the Uyir thathukkal ending up in a disease.

Siddhars have classified disease into 4448 types. In this modern mechanical world, now-a-days people are suffering from various diseases. Especially females are the majority of sufferers due to their dual role both in family as well as in the society.

In particular, the menstrual disorders go unreported due to their ignorance and lead to dreadful complications which may result in even death.

One among the diseases in menstrual disorders is the “Perumbadu” the very name itself denotes the magnitude of the disease, which points to the great suffering of the patient (individual).Sage Yugi classified ‘ *Perumbadu* ’ in his Yugi Vaidhya Chintamani into 4 types. Of these ‘*Vatha Perumbadu*’ throws a big challenge to medical practioners of our siddha field and also the general medical world. Since it affects the patients mentally, physically and economically.

The author tries to evolve a basic methodology in diagnosing the ‘*Vatha Perumbadu*’ with the principles of Siddha system. The author has laid more importance in redefining the etiology of ‘*Vatha perumbadu*’ there by exploring the preventive aspect of the disease and also treating the disease in a rational manner. This is the main objective of the work done by the author.

SIDDHA PHYSIOLOGY

SIDDHA PHYSIOLOGY

“ அண்டத்திலுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்துதான் பார்க்கும் போதே ”

- சட்டமுனி ஞானம்

All the existing things in this world and universe around it are made up by the five primordial elements-Earths (Mann), Neer (water), Thee (fire), Kaal (Air) and Aagayam (Space) are called the fundamental Elements (Boothams)

உலகம் பஞ்ச பூதம்:-

“ நிலம் நீர்தீவளி விசம்போடைந்தும்
கலந்தமயக் கமுலகம் இது ”

தேகம் பஞ்ச பூதம்:-

“ பாரப்பா பூதமைந்து மண்நீர்தேயுபரி வாயு வாகாய
மைந்தினாலே சேரப்பா சடமாச்சி ”
- சதகநாடி

“ தலங்காட்டி யிருந்த சடமான வைம்பூதம்
நிலங்காட்டி நீர்காட்டி நின்றிருந் தீகாட்டி
வலங்காட்டி வாயுவால் வளர்ந்தே யிருந்த
குலங்காட்டி வானிற் குடியா யிருந்ததே ”

- சதகநாடி

As per above lines the Universe and the human body are made of five elements. The physiology in the siddha system involves 96 basic principles, seven constituent elements, 14 reflexes and four body fires.

THE 96 BASIC PRINCIPLES (96 Thathuvam)

Siddhars described 96 principles as the constituent components of a human being. They include physical, physiological, psychological and intellectual components of a person. They are nothing but the manifestations of the five basic elements.

Bootham - 5 (Elements)

Aakaayam	-	Space
Vaayu	-	Air
Thee	-	Fire
Neer	-	Water
Mann	-	Earth.

Pori - 5 (Sense organs)

Kadhu (Ear)	- It is a Portal of Aagayam bootham
Thol (Skin)	- It is a Portal of Vaayu bootham
Kan (Eye)	- It is a Portal of Thee bootham
Naakku (Tongue)	- It is a Portal of Neer bootham
Mookku (Nose)	- It is a Portal of Mann bootham

Pulan - 5 (Functions of sense organs)

Kaetal	-Hearing, it is a functional component of Aagayam bootham.
Thoduthal	- Touch, it is a functional component of Vaayu bootham.

Parthal	-Vision, it is a functional component of Thee bootham.
Suvaithal	- Taste, it is a functional component of Neer bootham.
Nugaruthal	- Smell, it is a functional component of Mann bootham.

Kanmenthiriyam - 5 (Motor organs)

Vaai (Mouth)	- The speech is executed by space element.
Kaal (Leg)	- The walking takes place in concordance with air element.
Kai (Hands)	- Giving and taking are carried out with the fire element.
Eruvaai (Rectum)	- The removal of excrete is represented by water element.
Karuvaai (Sex Organs)	- The sexual acts are a functional reflection of earth element.

Karanam- 4 (Intellectual faculties)

Manam	- Thinking of a thing.
Bhuddhi	- Deep thinking or analyzing of the same think.
Agankaaram	- Deep determination to do something
Siddham	- Accomplishment of a given thing.

Arivu-1 (Wisdom of self realization)

Naddi-10 (Channels of life force responsible for the dynamics of praanan)

Idakalai	- Starts from the right big toe and runs crisscross to end in Left nostril.
----------	---

Pinkalai	- Starts from the left big toe and runs crisscross to end in Right nostril
Suzhumunai	- Starts from moolaatharam and extends up to centre of head.
Siguvai	- Located at the root of tongue it helps in swallowing the foods.
Purudan	- Located in right eye.
Kanthari	- Located in left eye.
Atthi	- Located in right ear.
Allampudai	- Located in left ear.
Sanguni	- Located in genital organ.
Gugu	- Located in anorectal region.

Vayu-10 (Vital nerve force which is responsible for all kinds of movements)

Uyir kaal (Praanan)

This is responsible for the respiration of the tissues and digestion of food taken in.

Keel nokku kaal (Abaanan)

It lies below the umbilicus. It is responsible for the (caudal) downward expulsions of stools and urine.

Paravu kaal (Viyanan)

This is responsible for the motor and sensory function of the entire body and the distribution of nutrients to the various tissues.

Mael nokku kaal (Uthanan)

It originates from utharakini. It is responsible for digestion, absorption, distribution of food.

Samaanan (Nadu kaal)

This is responsible for the physical activities of the Vali, i.e. Praanan, abanan, viyanan and uthanan etc. More over it is responsible for the nutrient and water balance of the body.

Naagan

It is responsible for the movements of the eye.

Koorman

It is responsible for the opening and closing of the eyes and vision.
Responsible for yawning.

Kirukaran

It is responsible for the moistening of the tongue and nose.
Responsible for cough and sneezing and induce hunger.

Devathathan

This aggravates the emotional disturbances like anger lust, Frustration etc. An emotional disturbances influence is to a great extent the physiological activities to be responsible for the emotional upsets.

Dhanancheyan

Expelled from the head three days after the death.

Asayam - 5 (Reproductive, digestive excretory organs)

Amarvasayam	- stomach (Digestive organ). It lodges the ingested food.
Pakirvasayam	- Small intestine. The digestion and assimilation of food is done here.
Malavasayam	- Large intestine, especially rectum. Responsible for the expulsion of undigested food parts and flatus.
Chalavasayam	- Urinary bladder, kidney. Responsible for the formation and excretion of urine.
Suckilavasayam	- Genital organs. Place for the formation and growth of the sperm and ovum.

Kosam - 5 (Five systems of the human body)

Annamaya kosam	- Gastro intestinal system.
Pranamaya kosam	- Respiratory system.
Manomaya kosam	- Mental system.
Vignanamaya kosam	- Nervous system and intellect
Ananthamaya kosam	- Reproductive system and rupture.

Aatharam - 6 (Stations of soul)

Moolatharam

Situated at the base of spinal column between external genital organ and the anal orifice. Letter “**ஹிம்**” is stationed there.

Swathitanam

Located 2 fingers above the Muladharam, (i.e.) between genital and navel regions. Letter “ந” is inherently found there. Earth element attributed to this region.

Manipooragam

Located 8 finger breadths above the Swathitanam, (i.e.) at the navel centre. Letter “ஹ” is contained here. Element is water.

Anakratham

Located 10 finger breadths above the Manipooragam, (i.e.) location of heart. Letter “ஃ” is inherently present here. Element is fire.

Visuthi

Located 10 finger breadths above the Anakratham (i.e.) located in throat. Letter “ஐ” is inscribed. Element is air

Aakinai

Situated between two eyebrows. Element is Space. Letter “ஔ” is relevant here.

Mandalam - 3 (Regions)

Thee Mandalam (Fire zone)

Fire region, found 2 finger widths above the moolathaaram.

Gnayiru mandalam (Solar zone)

Solar region, located at 4 finger widths above the umbilicus.

Thingal Mandalam (Lunar zone)

Lunar region, located at the center of two eye brows.

Malam - 3 (Three impurities of the soul)

Aanavam

This act makes clarity of thought, knowing power of the soul, yielding to the egocentric consciousness like 'I' and 'Mine' considering everything to be his own.

Kanmam

Goes in collusion with the other two responsible for incurring sins and virtues.

Mayai

Claiming ownership of the property of others and inviting troubles.

Thodam - 3 (Three humors)

Vali (Vatham) - It is a creative force. Formed by Air and Space elements.

Azhal (Pitham) - It is a protective force. Formed by Fire element.

Iyyam (Kapham) - It is a destructive force. Formed by Earth and Water elements.

Eadanai - 3 (Physical bindings)

Porul patru - Materialistic desires.

Puthalvar patru - Affinity towards children.

Ulaga patru - Worldly affections.

Gunam - 3 (Three cosmic qualities)

Sathuvam (characters of renunciation or ascetic virtues).

The grace, control of sense, wisdom, penance, generosity, excellence, silence, truthfulness are the 8 traits.

Raso (Characters of ruler)

Enthusiasm, wisdom, valor, virtue, offering gift, art of learning, listening are the 8 traits.

Thamo (Immoral characters)

Immortality, lust, killing, laziness, violation of justice, gluttony, falsehood, forgetfulness, fraudulence.

Vinai - 2 (Acts)

Nalvinai - Virtues.

Theevinai – Viles.

Ragam - 8 (The Eight Passions)

Kamam – Desire

Kurotham – Hatred

Ulobam – Stingy

Moham - Infatuation.

Matham - Pride (Haughtiness/arrogance)

Marcharyam - Hidden enmity.

Idumbai - Mischief mongering.

Ahankaram - High ego.

Avathai - 5 (five states of consciousness)

Ninaivu

Wakefulness with the 14 elements (karuvikaranathigal) (5 senses, 5 Performing parts (kanmaenthiriyam) and 4 mind components (karanam)) in operation and feeling the good and sad things.

Kanavu

Dreams. In this, 10 karvikaranathigal (5 senses, 5 performing parts) except karanam present in the neck.

Urakkam

Sleep. The state in which what is heard and seen can't be explained to others. The respiration is centered on heart.

Perurakkam

Coma/ Narcosis. The seevaanma stands in the naabi, producing the respiration.

Uyirpadakkam

Somatic death. Insensibility to surroundings. The seevaanma goes to moolathaaram and produce insensibility.

THE UYIR THATHUKKAL

The Physiological units of the human body are Vali (Vatham), Azhal (Pitham) and Iyyam (Kabam). They are also formed by the combination of the five elements.

Accordingly Vatham is formed by the combination of Air and Space. This is the creative force. Azhal formed by fire. This is force of Preservation. Iyyam is formed by Earth and Water. This is the destructive force. These three humors are in the ratio 4:2:1 in equilibrium or normal condition, they are called as the life forces.

“பொங்கியீரைந்துக்குட் பொல்லா மூன்றுதான்

தங்கியவாயு சமர்த்தன் மகா வாதம்

பங்கிய வன்னியால் பகுத்தது பித்தமே”.

“பகுத்த சலத்தில் பரிசிக்கும் நல்லையும்

வகுந்த இம்மூன்றால் வளர்ந்தது நோயெல்லாம்

அகுந்தது தானறிந்து அளவிட்ட யோகிகள்

மகிழ்ந்தே யிதில் நின்ற மயக்கம் அறிவாறே .”

-பதினெண் சித்தர் நாடி சாத்திரம்

1. Vali (Vatham)

Vali is soft, fine and the temperature (coolness and hotness) could be felt by touch.

The sites of vatha

According to vaidhya sathakam, Vali dwells in the following places:

“ நெளிந்திட்ட வாதம்பானத்தைப் பற்றி
நிறைந்திடையைச் சேர்ந்துந்திக் கீழே நின்று
குளிந்திட்ட மூடமதூா டெழுந்து காமக்
கோடியிடையைப் பற்றியெழுங் குணத்தைப் பாரே
குணமான வெலும்பைமேற் றொக்கை நாடி
நிணமான பொருத்திடமும் ரோமக் காலும்
நிறைவாகி மாங்கிசமெல் லாம்பரந்து ”

-வைத்திய சதகம் .

Umbilicus, rectum, faecal matters, abdomen, anus, bones, hip joint, navel plexus, joints, hair follicle and muscles.

“ அறிந்திடும் வாத மடங்கு மலத்தினில் ”

-திருமூலர்

“ நாமென்ற வாதத்துக் கிருப்பிடமே கேளாய்

நாபிக்குக் கீழென்று நவில லாகும் ”

-யுகி முனிவர்

According to sage Thirumoolar and sageYugi muni, the places of vatham are the anus and below the naval region.

Properties of vali:

“ ஓழுங்குடனே தாதேழ் மூச்சோங்கி இயங்க
எழுச்சிபெற எப்பணியுமாற்ற எழுந்திரிய
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு
வாகளிக்கும் மாந்தர்க்கு வாயு ”

-சித்த மருத்துவாங்க சுருக்கம்.

The following are the natural properties of vatham

1. To stimulate the respiration.
2. To activate the body, mind and the intellect.
3. To execute the fourteen different types of natural reflexes.
4. To activate the seven physical constituents in functional co-ordination.
5. To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

2. Azhal (Pitham)

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystalies and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

The sites of Azhal

According to vaidhiya sathagam, the pingalai, urinary bladder, stomach, and heart are the places where Azhal is situated. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal lives. Sage Yugi muni says that the Azhal survives in urine and the places below the neck.

The character of Azhal

Azhal is responsible for the digestion, vision, maintenance, of the body temperature, hunger, thirst, taste etc. Its other functions include thought, knowledge, strength and softness.

The functions of Azhal

1. Maintenance of body temperature
2. Produces reddish or yellowish colour of the body.
3. Produces heat energy on digestion of food.
4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood are let out.
7. Gives yellow colouration to the skin, eyes, faeces and urine.
8. Produces anger, heat, burning sensation, inaction and determination.
9. Gives bitter or sour taste in the tongue.

The types of Azhal

1. Aakkanal- Anala pitham or pasaka pitham- The fire of digestion.

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Vanna eri- Ranjaga pitham - Blood promoting fire

The fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

3. Aatralanki- Saathaga pitham- The fire of energy.

It gives energy to do the work.

4. Ulloli thee- Prasaka pitham - The fire of brightness.

It gives colour, complexion and brightness to the skin.

5. Nokku Azhal- Alosiaga pitham - The fire of vision.

It lies in the eyes and causes the faculty of vision. It helps to visualize things.

3. Iyyam (Kabam):

The nature of Iyyam

Greasy, cool, dull, viscous, soft and compact are the nature of Iyyam.

Seats of Iyyam

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.

The natural quality of Iyyam

Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

Functions of Iyyam

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the function of Iyyam.

Five types of Iyyam:

1. Ali iyyam - Avalambagam

Heart is the seat of Avalambagam. It controls all other types of Iyyam.

2. Neerpi iyyam - Kilethagam:

Its location is stomach. It gives moisture and softness to the ingested food.

3. Suvai kaan iyyam- Pothagam:

Its location is tongue. It is responsible for the sense of taste.

4. Niraivu iyyam- Tharpagam

It gives coolness to the vision.

5. Ondri iyyam – Santhigam

It gives lubrication to the bones particularly in the joints, and urine is white in colour due to the influence of Iyyam

THE UDAL THATHUKKAL

Udal Thathukkal is the basic physical constituents of the body. They are also constituted by the Five Elements.

Seven physical constituents of the body:

- | | |
|---------------------|--|
| 1. Saaram (Chyme): | This gives mental and physical perseverance. |
| 2. Chenner (Blood): | Imparts colour to the body and nourishes the body. |

- | | |
|------------------------------------|---|
| 3. Oon (Muscle): | It gives shape to the body according to the physical activity and covers the bones. |
| 4. Kozhuppu (Fat): | It lubricates the joints and other parts of the body to function smoothly. |
| 5. Enbu (Bones): | Supports the frame and responsible for the postures and movements of the body. |
| 6. Moolai (Marrow): | It occupies the medulla of the bones and gives strength and softness to them. |
| 7. Suronitham (Genital discharge): | It is concerned with reproduction. |

These are the seven basic constituents that form the physical Body. The Bones are predominantly formed by the earth component, but other elements are also present in it.

All the three humours Vali, Azhal and Iyyam are present in these 7 constituents. The food converted to udal thathus in which the intake food is converted to saaram in the first day, and then it converted to chenner in the second day, oon, kozhuppu, enbu, moolai and suronitham respectively in the following days. So in the seventh day only the intake food goes to the suronitham.

UDAL THEE (Four kinds of body fire)

There are four kinds of body fire. They are Samaakkini, Vishamaakkini, Deeshaakkini and Manthaakkini.

1. Samaakkini

This digestive fire is called as Samaakkini. It is constituted by Samana Vayu, Anala Pitham and Kilethaga Kabam. If they are in normal proportion then it is called as Samakkini. It is responsible for the normal digestion of the food.

2. Vishamaakkini

Due to deranged and displaced Samana Vayu, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to toxic digestion.

3. Deeshaakkini

The Samana vayu rounds up the Azhal, which leads to increased Anala Pitham, so food is digested faster.

4. Manthaakkini

The samana vayu rounds up the Iyyam, which leads to increased kilethaga Kabam. Therefore food is poorly digested for a very longer period and leads to abdominal pain, distention heaviness of the body etc.

THINAI

There are five thinai (The land)

1. Kurinchi - Mountain
2. Mullai - Forest
3. Marudham - Agricultural land
4. Neidhal - The coastal area
5. Paalai - Desert

Features of the five regions

1. Kurinchi

“குறிஞ்சி வருநிலத்திற்கு கொற்றமுண்டி ரத்தம்
உறிஞ்சி வருசுரமு முண்டாம் - அறிஞரைக்
கையமே தங்குதரத் தாமைவல்லை யுங்கதிக்கும்
ஐயமே தங்கு மறி.”

- பதார்த்த குண சிந்தாமணி

Fever causing anemia, any abnormal enlargement in the abdominal organ (vaitul aamai katti). Also leads to Iyya disease.

2. Mullai

“முல்லை நிலத்தமைய முந்நிரை மேவினுமவ்
வெல்லை நிலைத்தபித்த மெய்துறுங்காண் - அல்ல வெனின்
வாதமொழி யாததனுண் மன்னு மவைவழிநோய்ப்
பேதமொழி யாதறையப் பின்பு ”

-பதார்த்த குண சிந்தாமணி

This mullai land leads to the Azhal disease, liver diseases and Vali disease.

3. Marudham

“மருதநிலம் நன்னீர் வளமொன்றைக் கொண்டே
பொருதனில மாதியநோய் போக்குங் - கருதநிலத்
தாறிரதஞ் சூழ வருந்தவரென் றாற்பிணியெல்
ஏறிரதஞ் சூழ்விக்கு மில் ”

-பதார்த்த குண சிந்தாமணி

All the Vali, Azhal and Iyyam diseases will be cured in this land.

4. Neidhal

நெய்தனில மேலுவர்ப்பை நீங்கா துறினுமது
வெய்தனில மேதங்கு வீடாகும் - நெய்தல்
மருங்குடலை மிக்காக்கும் வல்லுறுப்பை வீக்குங்
கருங்குடலைக் கீழிறக்குங் காண் ”

-பதார்த்த குண சிந்தாமணி

This place induces Vali diseases and affects liver and intestines.

5. Paalai

“பாலை நிலம்போற் படரைப் பிறப்பிக்க
மேலைநில மீயாது விரித்தற்கு - வேலைநில
முப்பிணிக்கு மில்லாம் முறையே யவற்றாலாம்
எப்பிணிக்கு மில்லா ம. . . தெண் ”

-பதார்த்த குண சிந்தாமணி

This land produces all the three Vali, Azhal and Iyyam disease.

KAALAM

Ancient Tamilians had divisions of the year into different seasons known as Perumpozhudhu and likewise of the day, which are known as Sirupozhudhu.

Perumpozhudhu:

The year is divided into six seasons. They are,

1. Kaarkalam - (Aavani – Puratasi) - (Aug 16th – Oct 15th)
2. Koothir kaalam - (Iypasi – Karthigai) - (Oct 16th – Dec 15th)
3. Munpani kaalam - (Markazhi – Thai) - (Dec 16th _ Feb. 15th)
4. Pin Pani Kaalam - (Masi – Panguni) - (Feb 16th – Apr 15th)
5. Ilavenil kaalam - (Chithirai – Vaikasi)-(Apr 16th – June15th)
6. Mudhuvenil kaalam – (Aani – Aadi) - (June 16th – Aug 15th)

Sirupozhudhu:

The day has been divided into six yamams of four hours each. They are

Maalai (evening)

Idaiyammam (Midnight)

Vaikarai (Dawn)

Kaalai (Morning)

Nannpakal (Noon)

Erpadu (Afternoon)

The each Perumpozhuthu and Sirupozhuthu is associated with the three humors naturally.

THE ASTROLOGY

Macrocosm and microcosm

Man is said to be microcosm, and the world is the macrocosm; because what exists in the world exist in man also Man is an integral part of universal Nature. The forces in the microcosm (man) are identical with the forces of the macrocosm (world). The natural forces acting in and through the various organs of the body are intimately related to the similar or corresponding forces acting in and through the organism of the world. This closely follows the siddhars doctrine

“அண்டத்தி லுள்ளதே பிண்டம்

பிண்டத்தி லுள்ளதே அண்டம்

அண்டமும் பிண்டமும் மொன்றே

அறிந்து தான் பார்க்கும் போதே”

- சட்டமுனி ஞானம்

Astral influences

All the influences that come from the sun, planets and stars act on human bodies.

Moon exercises a very bad influence over the disease in general, especially during the period of new moon. Examples are paralysis, brain affections, dropsy and stimulation of sexual passions. Mars causes women's suffering from want of blood and nervous strength. The conjugation of the moon with other planets such as Venus, mars, etc may make their influence still more injurious.

The following are the instance in which every sign of the zodiac has towards some particular parts of the body.

According to T. V. S Dictionary

1. Aries	To the neck
2. Taurus	-Neck and shoulder
3. Gemini	-Arms and shoulder
4. Cancer	-Chest and adjacent parts
5. Leo	-The heart and stomach
6. Virgo	-The intestine, base of stomach and umbilicus
7. Libra	-Kidney
8. Scorpio	-Genitals
9. Sagittarius	-Lips
10. Capricorns	-Knees
11. Aquarius	-Legs
12. Pisces	-Feet

According to literature Thiruvalluvar periyā sundara sekaram

1. Mesam	Head
2. Risabam	Face
3. Mithunam	Neck
4. Kadagam	Shoulder
5. Simmam	Chest
6. Kanni	Side of body
7. Thulam	Posterior trunk stomach
8. Virutchigam	Testis

9. Thanusu	Thigh
10. Magaram	Knee
11. Kumbam	Calcaneum
12. Minam	Foot

The different planets influence the human organ

I. According to literature Siddha Maruthuvanga Surukkam :

Like the signs of the zodiac each of the planets has jurisdiction over some parts of the body. The seven planets exercise special power over some parts of the body to cause disease or diseases according to their influences on the three humors in the system.

1. Saturn

It presides over bones teeth cartilages ear spleen bladder and brain and gives rise to fever, leprosy, tabes, paralysis, dropsy, cancer, cough, asthma, phthisis, deafness of the right ear, hernia etc.

2. Jupiter

It has jurisdiction over the blood, liver, pulmonary veins, diaphragm, muscles of the trunk and sense of touch and smell.

3. Mars

It has power over the bile, gall bladder, left ear, pudendum, kidneys, fever, jaundice, convulsions, hemorrhage, carbuncle, erysipelas, ulcer etc.

4. Venus

It presides over the pituitous blood and semen, throat, breast, abdomen, **uterus**, genitalia, taste, smell, pleasurable sensation, gonorrhea, abscesses or even death from sexual disease or poison

5. Mercury

It has jurisdiction over the animal, spirit, over legs, feet, hands, fingers, tongue, nerves and ligaments and produces fevers mania, phrenitis, epilepsy, convulsion, profuse expectoration or even death by poison, witchcraft and so on.

Planets	organ influenced
1. Solar force	Heart
2. Lunar force	Brain
3. Mars	Gall bladder
4. Mercury	Kidney
5. Venus	Lungs
6. Jupiter	Liver
7. Saturn	Spleen

II. According to literature Thiruvalluvar periya sundara sekaram

1. Sooriyan	Head
2. Santhiran	Face
3. Sevvai	Chest
4. Puthan	Center of posterior trunk
5. Guru	Stomach
6. Sukiran	Groin genitalia

7. Sani	Thigh
8. Raagu	Hands
9. Kedhu	Legs

The related rasi and the organs like wise the related kiragam and organs are more prone to disease in their corresponding organ itself. Therefore, the human body is impregnated with the vital forces to be affected by the astronomical bodies in the sky. With the augmented spiritual force a sage is able to control the above said planets. The others are activated by the force of these asteroids.

So by the literature ‘Siddhamaruthuvanga surukkam’, the uterus is closely related to Venus.

SIDDHA PATHOLOGY

SIDDHA PATHOLOGY

This is the first medical system to emphasis health as the perfect state of physical, psychological social and spiritual component of human being.

The condition of the human body in which the dietary habits, daily activities and the environmental influence keep the three humors in equilibrium is considered as healthy living.

DISEASE

Disease is also known by other names via sickness, distemper, suffering and ailment, distress of mind, chronic disease and dreadful illness.

THE CHARACTERISTICS OF DISEASE

Disease is of two kinds

1. Pertaining to the body and disease
2. Pertaining to the mind according to the variation of the three humors.

Cause for disease

Excepting the disease caused by our previous birth, the disease caused by our food habits and actions.

This has been right by quoted in the following verse by sage Thiruvalluvar:

“மிகினும் குறையினும் நோய்செய்யும் நூலோர்
வளிமுதலா வெண்ணிய மூன்று.”

- திருவள்ளுவர்.

The food and action of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. vatham, pitham, kabam leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person's ability to digest. Actions mean his good words, deeds or bad actions.

According to Thiruvalluvar the disease is caused due to the increase or decrease in the equilibrium of three humors.

So disease is a condition in which there is derangement in the five elements, which alters the three humors, which is also reflected in the seven physical constituents. The change could be an increase or decrease in the equilibrium. They show their following signs as per the vitiation of individual humor.

Functions of deranged Vali

Body ache and pain, pricking pain, the pain is as though the body is tightly bound by cords, nervous debility, tremor, rigidity, dryness, remorseless, emaciation, throbbing pain, trauma, displacement of joint, weakness of the functional organ and loss of function, loss of sensation, perception of astringent taste only, constipation. Concentrated urine, thirst, sensation of fragility in the foreleg and thigh, numbness and pricking pain in the bone, goose skin, stiffness of upper and lower limbs and back and the skin, eyes, faces and the urine are darker in colour.

Features of increased Vali

Emaciation, body color- blackish, desire to take hot food, shivering of body, abdominal distension, constipation, insomnia, weakness, weakness of five sense organs, giddiness, lack of enthusiasm.

Features of decreased Vali

Body pain, feeble voice, decreased activity, dull mental power, syncope, disease caused by increase of Iyyam

Features of increased Azhal

Yellow discoloration of skin, eyes, urine, faeces, increased appetite increased thirst, burning sensation in the body, insomnia.

Features of decreased Azhal

Poor digestion, coolness and demulcent, pallor, Iyya disease.

Features of increased Iyyam

Increased salivary secretion, reduced activeness, heaviness of the body, body colour – Whitish, chillness of the body, reduced appetite, laborious breathing and increased sleep.

Features of decreased Iyyam

Vertigo, weakness and dryness of joints, causing prominence of articular bones, dry cough, lighted ness, excessive sweat, palpitation of heart.

The variation of the seven thathukkal.**Saaram:**

In the condition of increased saaram leads to disease of increased Iyyam like indigestion, etc. are found.

Decreased saaram leads to loss of weight, tiredness, and lassitude, dryness of the skin and diminished activity of the sense organs.

Chenneer:

Increased chenneer causes boils in different parts of the body, throbbing pain, anorexia, mental disorder, splenomegaly, colic pain, increased blood pressure, reddish eyes and skin, jaundice, haematuria etc.

Decreased chenneer leads to anemia, tiredness, neuritis and lassitude, pallor of body.

Oon

Oon in excess causes cervical lymph adenitis, venereal granulomas, lumps over the cheeks, abdomen, thigh, genitalia, etc., hypertrophy in the cervical region are the signs.

Decreased oon leads to impairment of sense organs and joint diseases jaw, thigh and genitalia gets atrophied.

Kozhuppu

The increased kozhuppu leads to conditions of that of increased oon and associated with dyspnoea and loss of activity.

Decreased kozhuppu leads to pain in the hip region and disease of spleen.

Enbu

Excess of enbu causes growth in bones and teeth.

Decreased enbu causes pain in joints, teeth disease, breaking of nails and hair.

Moolai

Excess causes obesity, heaviness of eyes, decreased urine, delayed wound healing.

Decreased moolai causes osteoporosis, diminished vision.

Suronitham

According to T.V.S. dictionary suronitham means menstrual bleeding.

Excessive menstrual bleeding which is associated with tiredness, back ache.

Decreased suronitham causes lower abdominal pain, pain present in the genital organs, inflammation present in the external genitals.

Paruva kalangal

S. no	Kalam	Kuttram	State of kuttram
1.	Kar kaalam (Aavani – Puratasi) (Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Vettrunilai valarchi Thannilai valarchi Thannilai adaithal
2.	Koothir kaalam (Iypasi –Karthigai) (Oct 16 – Dec 15)	Vatham (--) Pitham ↑↑ Kabam (--)	Thannilai adaithal Vettrunilai valarchi Thannilai adaithal
3.	Munpani kaalam (Markazhi – Thai) (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam (--)	Thannilai adaithal Thannilai adaithal Thannilai adaithal
4.	Pinpani kaalam (Masi – Panguni) (Feb 16 –Apr 15)	Vatham (--) Pitham (--) Kabam ↑	Thannilai adaithal Thannilai adaithal Thannilai valarchi
5.	Elavenir kaalam (Chithirai –Vaikasi) (Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑↑	Thannilai adaithal Thannilai adaithal Vettrunilai valarchi
6.	Mudhuvenir kaalam (Aani – Aadi) (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	Thannilai valarchi Thannilai adaithal

Nilam

S. no	Thinai	Land	Humors
1.	Kurinchi	Mountain and its surroundings	Kabam
2.	Mullai	Forest and its surroundings	Pitham
3.	Marutham	Farm land and its surroundings	All three humors are in equilibrium
4.	Neithal	Sea and its surroundings	Vatham
5.	Palai	Desert and its surroundings	All three humors are affected.

DIAGNOSTIC METHODOLOGY

DIAGNOSTIC METHODOLOGY

The diagnostic methodology in siddha treatment is unique in which the physician examines the tongue, complexion, speech, eyes and palpatory findings in a patient and also examines the urine and stools. The diagnosis is then confirmed by the pulse diagnosis. The examination for the above is called as the eight - fold examination (Enn Vagai Thervugal).

These diagnostic tools not only help in the diagnosis but also to learn the prognosis of the disease. Apart from the ennvagai thervu there are certain other parameters in Siddha system to diagnose the disease; they are Manikadai nool and the sothidam.

ENNVAGAI THERVUGAL:

The diagnostic stools of ennvagai thervu slightly differs from siddhar to siddhar

“நாடி ஸ்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்”

நோய் நாடல் முதல் பாகம்

தேரையர்,

“மெய்க்குறி நிறந்தொணி விழிநாவிரு மலம் கைக்குறி”

As per sage Therayar, the eight methods of diagnosis are pulse (naadi), tongue (Naa), complexion (Niram), speech (Mozhi), eye (Vizhi), stool (Malam), urine (Neer), tactile perception (Sparism).

“அகத்துறு நோயைக் கரத்தாம லகம்போல்
பகுத்தறிவீர் நாடிப் பரிசம் - தொகுத்த நிறம்
கட்டுவகைச் சொல்மொழி கண்கண்ட மல மூத்திரம் நா
எட்டுவகை யாலுமறி வீர்”

-அகத்திய வைத்திய சிந்தாமணி.

As per sage Agathiyar naadi, niram, mozhi, malam, neer, sparism, vizhi, naa are the diagnositic tools.

“பாரே நாடி அறிந்துணர்ந்து பரமன் செயலும் பிணிமுறையும்
நீரே ஓடும் சலமலமும் நிறமுங் குணமும் முகக் குறியும்
காரேயிளகுங்குழல் மடவீர் காலதிரேகம் வயதிளடை
நேரேயறிமுகநாடி நெறிவும் தெறிவும் சொல்வாமே ”

-தன்வந்திரி வைத்திய சிந்தாமணி.

“திருமுறை முனிவன் கூறும் வாகடச் செய்கை தன்னில்
வருபல வியாதியான வகையறி குவதே தென்னில்
உருவறு நாடி யாலு மொண்முக மலநீராலும்
தெரிவிழி நாவினாலுந் தந்தலக் கணத்தி னாலும்”

-தன்வந்திரி வைத்தியம்.

According to literature work of Dhanvantri the diagnostic tools are Naadi, Mugam, Malam, Neer, Udal, Vizhi, Naa, pal.

பதினெண் சித்தர் நாடி சாஸ்திரம்

“தரணியுள்ள வியாதி தனையஷ்டாங் கத்தால்
தானறிய வேண்டுவது ஏதென்னில்
திரணியதோர் நாடிகண்கள் சத்தத்தோடு
தேகத்தின் துபரிசம் வானம் நாக்கு
இரணமலம் இவைகளெட்டும் இடம்படவே
தான்பார்த்துக் குறிப்புங் கண்டு
பரனருளாற் பெரியோர்கட் பாதம் போற்றிப்
பண்புதவறாமற் பண்டிதஞ் செய்வீரே”

- பதினெண்சித்தர் நாடி சாஸ்திரம்

According to the above literature the diagnostic tools are Naadi, Kan, sattham, thegam, parisam, Naa, malam.

Tongue (நாப்பரிட்சை)

“முள்ளாய் வெடித்தக் கறுத்தான்முன் பின் வெளுத்துத்
தள்ளாநீ ருண்டோசேர்ந் தால்பசந்தால் - எல்லாம்
நடுவோம் பலபலவாம் நற்சன்னி முன்னோய்
ஓடுநீரில் நாவென்றோது.”

-அகத்தியர் வைத்திய சிந்தாமணி.

“கருதியே வாதரோகிக்கு நாக்கு
கறுத்திருக்கு முள்ளுபோல வெடித்தி ருக்கும்
பருதியே பித்தரோகிக்கு நாக்கு
பச்சென்று தானிருக்குஞ்சி வந்திருக்கும்
வெருதியே சேட்டுமரோகிக்கு நாக்கு
வெளுத்து மேதண்ணீ ருண்டாயிருக்கும்
துருதியே தொந்தரோகிக்கு நாக்கு
கூட்சாதி பலவர்ண மாகுந் தானே.”

-யூகி வைத்திய சிந்தாமணி.

According to the above verse, the tongue is blackish and fissured for vatha patients, yellowish or reddish in colour for pitha patients, white colour for kabha patients.

நிறம் தேக நிறப் பரீட்சை)

“பனைவாத தேகநிறங் கறுத்து நிற்கும்
பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே
தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்
தொந்தேகம் இந்நால் விதமாய் நிற்கும்.”

-தன்வந்திரி (பதினெண் சித்தர் நாடி சாஸ்திரம்)

In vali, Azhal and Iyyam vitiations, the colour of the body will be Black, yellow or red and white colour respectively.

“தேகத்தி னிறந்தானுஞ் செப்பக் கேளீர்
சிறுமையாய் வாதந்தான் கறுத்தி ருக்கும்
போகத்தின் பித்தநிற மஞ்சளாகும்
பொருஞ் சேட்பரோகிக்கு வெளுப்பு மாகும்
பாகத்தின் தொந்த ரோகிக்குத் தானும்
பலபல வர்ணமுமாகிப் பறந்து நிற்கும்
அகத்தினிறம் பார்த்து நாடி பார்த்து
அஷ்டவிதப் பரிட்சையெல்லாம் மடவாய்ப் பாரே ”

-யூகி வைத்திய சிந்தாமணி.

The complexion of a person with vatha constitution is dark. Red or yellow colour indicates pitha disease and paleness indicates kabha disease.

மொழி - வசனப் பரீட்சை

“பார்வதா ரோகிக்கு வார்த்தை தானும்
பக்குவமா யச்சட்டத மாயிருக்கும்
பேர்பித்த ரோகிக்கு வார்த்தை தானும்
பேசியோ பெலத்துமே புரத்தி ருக்கும்
சேர்சேட்ப ரோகிக்கு வார்த்தை தானும்
சிறுத்துமே யீனசுர மாயிருக்கும்
வேர்தொந்த ரோகிக்கு வார்த்தை தானும்
வெகுவித மாயிருக்குமேன் றேவிரித் திடாயே.”

-யுகி வைத்திய சிந்தாமணி

The voice of a vatha patient is normal, for the pitha patient it is louder and for the kabha patient it is shrill in character.

நேத்திரப் பரீட்சை

“விரித்திட்ட வாதமென்ற ரோகிக் குத்தான்
மீறியே கண்கறுத்துத் தண்ணீர் பாயும்
பரித்திட்ட பயித்தியரோ கிக்குக் கண்தான்
பச்சென்று சிவந்திருக்குஞ் சேட்பரோகி
பிரித்திட்ட பீளையாறும் வெளுத்திருக்கும்
பெருஞ்சன் னிவாதரோகிக்குக் கண்தான்
கரித்திட்டச் சிவந்துபச் சென்றிருக்குங்
காமாலை ரோகிக்கு பசு மஞ்சளாமே.”

யுகி வைத்திய சிந்தாமணி

In a vatha disease patient the eyes turn darker with excessive lacrimation. For a pitha disease patient eyes are suffused and in a kabha patient the eyes are pale with mucous discharge.

Touch (தேகபரிசு பரீட்சை)

“கொள்ளவே வாதத்தின் றேகந் தானும்
குளிர்ந்து மேசிறுதிடத் தேயுஷ்ண மாகித்
தெள்ளவே துடிதுடித்தே யிருக்கும் பித்தம்
தேகந்தான் திகவுஷ்ண மாயிருக்கும்
தெள்ளவே சேட்டுமத்தின் றேகந் தானும்

சிக்கென்று குளிர்ந்திருக்குந் தொந்த தேகம்
பண்ணவே பலவிதந்தான் பெற்றி ருக்கும்
பரிந்து தொட்டு தேகத்தைப் பார்த்துச் சொல்லே.”

–யுகி வைத்திய சிந்தாமணி

According to the above verse, the body temperature is warm in vatha patients; for pitha patients the body temperature is high; for kabha patients the body temperature is cool and the sweating is frequent.

மலப்பரிட்சை

“மஞ்சளென்ற வாதரோகிக்கு மலந் தானும்
மலபந்த மாகியேக றுத்திருக்கும்
பிஞ்சலென்ற பித்தரோ கிக்குத் தானும்
பொருகியே வெச்சென்று சிவந்தி ருக்கும்
திஞ்சலென்ற சேட்டுமரோ கிக்குத் தானும்
சிதறிமலம் வெளுத்துமே சீத மாகும்.
பஞ்சலென்ற தொந்தரோ கிக்குத் தானும்
பல வர்ணமா யிருக்கும் பண்பு தானே.”

–யுகி வைத்திய சிந்தாமணி

The derangements of three humors are identified by examining the nature of stools as follows;

The dark and constipated stools indicate vatha disease. Reddishness of stools points to the pitha disease. Palloriness of the stool indicates presence of kabha disease.

சிறுநீர் பரிட்சை

“பண்பாக வாதரோ கிக்கு மூத்ரம்
பாரித்துத் தெளிந்திருக்கும் வெண்மை யாகும்
மண்பான பித்தரோ கிக்கு மூத்ரம்
மார்க்கமாய் மஞ்சளித்துப் பசந் திருக்கும்
தின்பான சேட்டுமரோ கிக்கு மூத்ரம்
சேறு போற் பொருமியே நுரைத் திருக்கும்
கண்பான தொந்தரோ கிக்கு மூத்ரம்
கண்டபல நிறமாகுங் கருதி டாயே.”

If the urine is still and clear it indicates vatha disease. If the urine is yellow tinged it indicates pitha disease. If the urine is pale, it indicates the kabha disease.

Naadi (நாடி)

“கரிமுகனடியை வாழ்த்திக் கைதனி(ல்) னாடிபார்க்கில்
பெருவிரலங் குலத்திற் பிடித்தடி நடுவே தொட்டால்
ஒருவிரலோடில் வாதம் உயர் நடுவிரலிற் பித்தந்
திருவிரல் மூன்றிலோடிற் சேத்தும நாடியாமே.”

நோய் நாடல் முதல் பாகம்

Naadi is felt by the

Tip of Index finger-Vali

Tip of Middle finger-Azhal

Tip of ring finger-Iyyam.

மாத்திரை அளவு

“வளிவன்னியைக்கு வழங்கிடு மாத்திரை
ஒன்றரை காலாய் ஓதினர் சித்தரே”

நோய் நாடல் முதல் பாகம்

The normal unit of pulse diagnosis is 1 grain expansible unit for vali, 1/2 grain expansible unit for pitham and 1/4 grain expansible unit for iyyam.

General Characters of urine

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென்
றைந்தியலுளவை யறைகுது முறையே”

- தேரையர்

According to these lines urine has 5 characters i.e.: Colour (Niram), density (edai), odour (manam), frothy (nurai), deposit (enjal), Venmai Niram of urine indicates Vatha disease yellowish colour indicates pitha disease, crystal colour urine with excess of froth and less dense indicates Kabha diseases.

Nei kuri

“அருந்து மாறிரமு அவிரோதம் தாய்
அஃகல் அலர்தல் அகால ஆண்தவிர்ந்தழற்
குற்றள வருந்தி உறங்கி வைகறை
ஆடிகலசத் தாவியே காதுபெய்
தொரு முகூரத்தம் கலைக்கு ட்படு நீரிள்
நிறக்குறி நெய்க்குறி நிரூபித்தல் கடனே ”

–நோய் நாடல் முதல் பாகம்

Neikuri unfolds the prognosis of diseases and also helps in diagnosis.

Manikadai Nool (Agathiya soodamanikayaru Soothiram)

“விமலனே நோக்கியே வேடமாமுனி
திமிலாம் பியியது. சேரச் செப்பியே
அமலனாமுனிக்கு முன்னருளித் செய்ததே
இந்தமுறை முயினியயம்பினா ரொந்தனுக்கு
சுந்தரம் சாத்திரத்தில் கூட்சமாம் யிந்த
தரணியிலுள்ளோர் நோய் குணங்கள் தானறியவெண்டி
அரனுரைத்த தென்னலே அறி”

–பதினெண் சித்தர் நாடி நூல்.

Manikadai Nool is also used for diagnosis there are twenty - seven different measurements of manikadai each of which has been given its own symptoms are disease itself.

AIM AND OBJECTIVES

AIM AND OBJECTIVES

Perumbadu is one of the diseases that commonly occurring in reproductive age group of women's life. Perumbadu means excessive menstrual bleeding that lasts for a prolonged period. According to Yugi vaidhiya sinthamani, Perumbadu is classified into four types. ***Vatha perumbadu*** is one of the four types of Perumbadu.

Vatha perumbadu presents with headache, back ache, body pain, changes in complexion of body, abdominal distension, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour

Perumbadu is exceedingly a common problem affecting about 30% of females, working nature, their diet and life-style changes forms the major reasons of Perumbadu in most of the patients. From ancient times till the present day, the people suffering from perumbadu commonly feels shy and refuse to take proper treatment.

Excessive menstrual bleeding leads to anaemia and consequently to other systemic problems. So, it is most important to diagnose ***Vatha Perumbadu*** for its proper treatment which throws a big challenge in the clinical practice.

In our Indian culture, women make homes and the families are centered on them. Therefore it needless to save that the health and well being of a woman is all the more important. Hence I am interested in working on this topic as my dissertation.

Primary Aim

The main aim of the present study is to evolve the diagnostic methodology for Vatha Perumbadu through Ennvagai thervu, Manikkadai Nool, Nilam, Kalam and Sothidam and arrives at a diagnosis. ***Vatha Perumbadu*** is a disease indicated in Yugi Vaithiya Sinthamani under the classification of perumbadu.

The study was undertaken in 40 selected cases in the OPD/IPD of Ayothidoss Pandithar Hospital of the National Institute of Siddha. The dissertation work includes

literary and analytical study on the etiology, Pathogenesis, clinical features on the basis of Siddha system.

A Statistical account of the patients with references to incidence age, food habits etc was also brought out in the study.

Secondary aim

- To elicit the causes.
- To make a precise diagnosis
- To know about the vitiation of Muthathukkal.
- To find out the charges that occurs in the Udal thathukkal.
- To evolve preventive measures and helping clinicians to standardize a line of treatment.

REVIEW

OF

LITERATURE

SIDDHA

கழுத்துக்குக் கீழ்ப்பட்ட நோய் விவரம்

சீரிய கழுத்தின் கீழுள்ள பிணியைத்
தீர்வ தறிந்து திசைபெறச் செப்புவேன்
பாரிய கடியும் பரிசில் பிளவையும்
பெருகிய கெண்டை பெருந்தெழு கவுசையும்
இருமலுந் தும்மலும் ஈளையும் வளமாய்
நீருள் மிகுந்து நிறைந்தெழு கோவையும்
பாரொடு மொழியெனப் பரந்தெழு சூலையும்
தன்னினை வின்றித் தவிக்கும் பித்தம்

.....
மிஞ்சிய வாயுவு மிகுகி ராணியும்
துன்னிய மற்றசத் தொத்திய மூலமும்
பேருல கறியப் பெருத்த மகோதரம்
.....

.....
அருசியும் காச சுவாக முந்தியற்
பிரமேகத்துடன் ஈளையும் மகாசீத
காசமும் மதிசோணிதமும் எடுக்கின்ற
வேண வாயசுடன் முயங்கிய மயக்கமும்

- தேரையர் வாகடம்

பூப்பு நோய்கள்

பூப்புக் காலை நோவு மிகுதல்
முறைப்படி நாளின் முன்பு பூத்தல்
அந்நா எல்லை யகன்று பூத்தல்
திங்க ளிருமுறை மும்முறை பூத்தல்
குருதியருகல் மிகுந்து தோன்றல்
கறுத்தல் வெளிறல் கழுநீர் நிறங்கொளல்
திணிந்து குருதி துணிந்து வீழ்தல்
மிகக் கெடு நாற்றம் வீசல் நுரைத்தல்
ஐந்து நாளின் மிக்கொழு கிடுதல்
சதைத்திரள் தோன்றல் எனுமிவை பிறவும்
கருப்பை வளியினும் பிறவினுந் தோன்றும்
பூப்பு நோய்க ளாமென மொழிப

- மான் முருகியம்

DEFINITION

According to Manmurikiyam

“வகுத்த முறையின் மடவார்க் கெல்லாம்
குறிவழிக் குருதி மிகுந்துந் தொடர்ந்தும்
ஒழுகல் பெரும்பா டாகுமதுவே”

- மான் முருகியம்

According to Pararasasekaram

“வருபெரும் பாட்டு ரோக மண்டியே யிருந்தான் வாலை
தபரு வத்தி னோர்க்குந் தங்கிய சோரிதானும்
பொருமுய லுதிரம் போலப் போந்துவாய் கிழிந்து நாளும்
சொரிவது பெரும்பாடென்று சொல்லுவர் முறை புணர்ந்தோர்”

- பரராசசேகரம்

Excessive and profuse menstrual bleeding is called perumbadu.

According to Agathiyar Gunavagadam

“வருகின்ற இரத்தந்தான் பெரும்பாடென் பார்
வன்மையுள்ள இரத்தந்தான் அதிகமானால்
தொகின்ற நாளினிலே நின்றிடா மல்
திரேகத்தில் சிலநாட்கள் வடிந்தாலுந் தான்”

- அகத்தியர் குணவாகடம்

According to Anubava Vaidhya Devaragasiyam

Abnormal, Profuse, Prolonged discoloured menstrual blood flow is defined as
“Perumbadu”

AETIOLOGY:-

According to Manmurikiyam

- Alcoholic beverages
- Walking long distances
- Starvation
- Long traveling
- Hard work
- Sexual indulgence.
- Emotion.
- Anxiety.
- Depression.
- Sleeplessness.
- Sleeping during day time.
- Leucorrhea.

“வளிமுதல் மூன்றுங் கருப்பையுற்றுச்

சினவலின் விளையும் என்பர் புலவர்

கருப்பையின் மென்றோல் தோன்றலு மழிதலும்

அடிக்கடி நிகழுந் தன்மையாலும்

வளியிற் கெட்ட குருதி யுதனில்

தங்குதலாலும் விளையு மதுவே”

- மான் முருகியம்

Three humors gain access into the uterine cavity and get associated with the endometrium causing to waxing and waning periodically represented by growth and shedding.

According to Pararasasekaram

“தானிவை வருமுற் பத்தி தனைச் சொலின் வெப்பினாலும்

மாணவ ரிடவி டாதே மருவுத லாலுங் கெர்ப்பப்

பீனமொட் டித்து நொந்து பிளந்திட லாலு மோகம்

வான்முலை மடந்தை நல்லாய் வருத்த தலாலு முண்டே”

பரராசசேகரம்

Perumbadu is caused by
Excessive heat
Sexual indulgence.

“உண்டி னங் கறையா காதே யுக்கிர மிகுதியாலும்
மண்டியே பித்தவாதம் வருசிலேற் பனம்ப கைத்துக்
கொண்டிரு முதரங் கெர்ப்ப முடைந்திடக் குடல்க லங்கித்
திண்டிறற் குமுன்மா தர்க்குச் சிந்திடும் பெரும்பாடன்றே ”

- பரராசசேகரம்

Excessive heat, anger, etc disturbance of pitha Vatham and then the confluence of agitated Kabam leads to Perumbadu.

According to Agathiyar Gunavagadam

“பாரேநீ பெரும்பாடு வரும் வகையைக் கேளாய்
பக்குவமாய் வருகின்ற கண்ட மாலை
ஊரேநீ மூத்திரக் குண்டிக்காயின் ரோகம்
உத்தமனே பீலிகா ரோகந் தானும்
தேரேநீ நாள்பட்ட பாண்டு ரோகம்
தெளிவாக இந்தரோகம் தன்னா லையா
சீரேநீ சினைப்பைக்கும் கருப்பைக்கு மப்பா
சிறப்பாக அதிகரத்த மேறுங் காணே ”

- அகத்தியர் குணவாகடம்

Goitrous thyroid disorders

Chronic renal diseases
Splenic Pathology.
Chronic anaemia.
Ovarian and uterine disorders.

“காணுவாய் கூதகம் வெளியாகு மப்பா
கருப்பைதான் அழலை கொண்டு போவதாலே
பூணுவாய் சம்போக மதிகத் தாலும்

பொல்லாத புத்துகளாற் கட்டியாலும்
பேணுவாய் பெரும்பா ண்டா மென்று
பெலமாகத் தான் சொல்வாய் உலகத்தோர்க்கு
காணுவாய் அப்போது கருப்பை நின்று
கருவான இரத்தந்தான் வருகந் தானே ”

-அகத்தியர் குணவாகடம்

Perumbadu is caused by

Inflammation of uterus
Excessive sexual indulgence
Malignant and benign tumour of uterus.

According to Jeevarakshamirtham

Perumbadu is caused by

Gluttony,
Over eating,
Lying over rough surfaces
Excessive coitus
Menstrual disorders
Excessive heat
Immorality
Possessed.

According to Anubava Vaidhya Devaragasiyam

Perumbadu is caused by

Consuming hot food,
Over eating
Indigestion
Inflammation of uterus
Mountaineering
Accustomed exercise
Fasting / Starvation
Trauma
Altered sleep rhythm

READING BETWEEN YUGI LINES.

According to Yugivaidhya sinthamani

Vatha perumbadu is a type of perumbadu

கூடுமே தலைவலியு மேற்க டுப்பும்
கூறான முதுகிடுப்புக் குடைச்ச லுண்டாம்
வாடுமே தேகமெல்லாங் கருக்க லாகும்
மாதவிடாய் தரித்துமே மைந்தன் போலாம்
ஊடுமே வயிறுதி உளைச்ச லாகி
ஊற்றுமே செந்நிறமுங் கருக லாகத்
தேடுமே துர்கந்தஞ் சேர வொட்டா
செகமறிய வாதத்தின் சிராவ மாமே
- யுகி வைத்திய சிந்தாமணி

Symptoms of *vatha perumbadu*

தலைவலி - Head ache

மேற்கடுப்பு - Body pain

முதுகு, இடுப்பு குடைச்சல் - Lumago

தேகமெல்லம் கருக்கல் - Complexion changes

மாதவிடாய் தரித்துமே மைந்தன் போலாம்

வயிறுதி உளைச்சலாகி - This lines refers to a

Subjective feeling of fullness of the abdomen and at times objective distension of the abdomen. In conditions of massive fibroids, tumours, etc. Abdominal pain.

ஊற்றுமே - Excessive menstrual bleeding

செந்நிறமும் கருக்கலாகத்	-	Menstrual bleeding reddish black colour is because of slight alteration of blood (Clotted flow)
துர்கந்தஞ் சேரவொட்டாது	-	Menstrual bleeding with offensive odour.

According to T.V.S dictionary explanation

An immoderate secretion of the menstrual discharge perumbadu Vatha perumbadu is one type of perumbadu. Menorrhagia of vatha type is marked by pain in the waist below the naval, in the sides and in the chest or breasts. The menstrual flow continues, sometime for the whole month or even two. In some varieties the symptoms are burning sensation and pain in the eyes palms of the hand and the vagina. The discharge is mixed with slimy secretions. It may also appear at an interval of 3 or 4 months or even longer then that. The breasts may become heavy and swollen and body emaciated.

Classification

According to ManMurikiyam

“வளி முதல் மூன்றுந் தனித்துங் கலந்தும்
வருதலின் அதுநால் வகைப்படு மென்ப ”

- மான் முருகியம்

Perumbadu is classified into 4 types

1. Vatha perumbadu
2. Pitha perumbadu
3. Kabha perumbadu
4. Thontha perumbadu

Vatha perumbadu

“கருத்துஞ் சிவந்தும் நுரைத்தும் குருதி
தசைகழு நீர்போல் சிறிதுசிறிதாக
ஒழுகுதல் வளிப் பெரும் பாட்டின் குறியே
வளியி னியக்கமுந் தோன்றிடு மென்ப ”
- மான் முருகியம்

Vatha perumbadu is characterised by

- Blackish red frothy bleeding
- Thick viscous vaginal discharge

Small amount of discharge blood as that of “a meat wash”.

Pitha perumbadu

“மஞ்ச ளாகியும் நீல மாகியும்
கறுத்துஞ் சிவந்தும் பலவாறாக
வெம்பியும் விரைந்துங் குருதி யொழுக்கல்
அன்ற பெரும் பாட்டின் குறியென மொழிப
அனற்பிணி பிறவுந் தோன்றிடு மென்ப ”
- மான் முருகியம்

Pitha perumbadu is characterised by

- Yellowish, bluish and blackish, red vaginal discharge
- Flow of blood is hot and flushing.

Kaba perumbadu

“வெளுத்தும் பசையொடு மேனியும் குருதி
வரிநெல் கழுவிய நீரென வொழுகல்
ஐயின் வருபெரும் பாட்டின் குறியே ”
- மான் முருகியம்

Kaba perumbadu is characterised by

- Pale white, mucoid, jelly like, vaginal discharge is like a “paddy wash “

Etiology for *vatha perumbadu*

Vatha perumbadu comes under the classification of perumbadu. Therefore etiology for perumbadu is applicable for Vatha perumbadu also.

Etiology for perumbadu

“கருதியே கனமான கொடுமை செய்து
கணவனையே நிந்தனைதான் சொன்ன பேரும்
பருதியின்முன் மலசத்தை விட்ட பேரும்
பரதேசியேழைகளைப் பழிக்கின் றோர்க்கு
கருதியே யிரைக்கின்ற காலந் தன்னில்
கூசாமற் புருஷசங்கை பண்ணினோர்க்கும்
கருதியே பரயோகம் விரும்பி னோர்க்கும்
கருக்கிலே பெரும்பா டுற்பவிக்குந் தாமே”.

“தானென்ற காரணிகள் மிகுக்கை யாலும்
சண்டாளக் கோபத்தின் சலிப்பி னாலும்
ஊனென்ற மாமிசங்க பொசித்த லாலும்
உறக்கமன்றி விழிதலா லுழித் தீயால்
பானென்ற பசியன்றிப் பொசிக்கை யாலும்
பாரமாஞ் சுமைவாங்கல் பகலு றக்கம்
கூனென்ற குறுக்கலாம் முடக்கித் தூங்கல்
குரூரமாம் பெரும்பாடு கொட்டுந் தானே”

-யுகி வைத்திய சிந்தாமணி.

All the etiological factors listed out by sage yugi are easily grouped under 3 definite headings. They are

- Habitual factors
- Psychological factors
- Moral factors.

Habitual reasons

Increased intake of non vegetarian diet,
Eating without hunger
Heavy weight bearing

Psychological reasons

- Anger
- Frustration
- Sleeplessness
- Sleeping improper position
- Sleeping in day time
- Teasing poor people and beggar

Classification of perumbadu

Yugi vaidhya chinthamani

“உரைசெய்த பெரும்பாடு நால தாகும்
உகந்துமே வாத்தின் சிராவ மொன்று
புரைசெய்த பித்தத்தின் சிராவ மொன்று
பேரான சேட்டுமத்தின் சிராவ மொன்று
துரைசெய்த தொந்தமாஞ் சிராவ மொன்று
துகையெல்லாம் நாவிதச் சிராவ மாச்சு
கரைசெய்த விதனுடைய உற்பத்தி யெல்லாம்
கண்டபடி சொல்லவே கருதிடாயே ”

-யுகி வைத்திய சிந்தாமணி.

Saint Yugi classified the perumbadu into 4 types

1. Vatha perumbadu
2. Pitha perumbadu
3. Kaba perumbadu
4. Thontha perumbadu

According to Anubava vaidhya Devaragasiam

Perumbadu is classified into 4 types. They are

1. Vatha perumbadu
2. Pitha perumbadu
3. Kaba perumbadu
4. Mukkutra perumbadu

Vatha perumbadu

Less volume of discharge
Red colour
Bleeding appears to be frothy
Appearance is like meat wash.

Pitha perumbadu

Menstrual bleeding with pain
Excessive flow
Blood is yellow or blue tinged

Kaba perumbadu

It is characterized by mucoid, jelly like, viscous, pale white vaginal discharge with rice water appearance.

Clinical features

According to Manmurikiyam

“செவ்விள நீர் போல குருதியொழுகல்
கைகால் தளர்தல் உடம்பு களைத்தல்
கருக்குழி யுந்தி யிவைபுண் ணாதல்
ஆற்றல் குறைதல் வெம்பல் புலம்பல்

பொறிகள் தளர்தல் தலை சுழன்றிடுதல்
வயிறுநோதல் மயலுறல் மயங்கல்
வெளிறல் மடிமை குளிர்ச்சி நடுக்கம்
செயலறல் மயலுறல் இழைகள் நோதல்
எனுமிவை பிறவும் எழு பெரும் பாட்டில்
அடைதருங் குறிக லாமென மொழிப”
-மான் முருகியம்

- Bleeding is like red tender coconut
- Malaise
- Fatigue
- Inflammation of uterine cavity and abdomen viscera
- Weakness of body organs
- Lamentation
- Giddiness
- Loss of function
- State of confusion
- Abdominal pain
- Tremors

According to Athmaraksha mirdham:-

சையோகஞ் செய்யத் தனித்த சுழியோடும்
மெய்யாக விந்து விழவிழப் புண்ணாகும்
மையூருங் கண்ணாட்கு மகத்தாம் பெரும்பாடங்
கொய்யூருங் தண்டினிற் கொப்பளிக்கு மிரத்தம்

Perumbadu is characterized by,
Profuse menstrual bleeding.

According to Danvantri Vaidhyam - II part.

“கையுடன் காலுங் காந்துற் காத்திர முலர்ந்து வற்று
மையலாங் கலவிதன்னை மறுத்திடுங் கர்ப்பங் கேடாஞ்

செய்யநீர் போலுஞ் சற்றே சிவந்திடுங் குருதி போலும்
பெய்யுமே யாகில் மானே பெரும்பாடென்றறி குவீரே ”

- Burning sensation in hands and legs.
- Failure of conception.
- Watery reddish discharge from vagina.

According to Agathiyar-2000

“இரத்தமொருக்கால் தகையாமல் லெனவெயோடு போல் வீழும்
திருக்கும் சிரத்தில் கனப்பு முண்டாகுத் திதமாய் சசிதகி(று) விழுமி ரத்தம்
சாத்தரெத்த ரோகமெனச் சொல்லும் நல்லவல் லோரே ”

It is characterized by

- Excessive blood discharge with clots
- Head ache

According to Sarabendrar vaidhya muraigal

- Countenance
- Shrunken eyes
- Excessive coitus
- Excessive bleeding
- Aching pain all over the body

According to Anubava Vaidhya Devaragasiyam

- Excessive menstrual bleeding
- Vague abdominal pain

According to pararasasakaram

நின்றுடல் வெதும்பிச் சென்னி நித்தமு நொந்து காது
பொன்றவே யிடித்துத் தண்ணீர் போலவும் பாகமாகி
அன்றவே யுடம்ப ரித்துக் கீழ்வயிறது கனத்துக்
கன்றிட வருத்தஞ் செய்யுங் கடுபெரும் பாட்டுரோகம்

In addition to the classical signs and symptoms of excessive menstrual bleeding some more associated signs and symptoms are also given in Pararasasekaram.

They are

Head ache,
Throbbing pain with discharge in the ear
Lower abdominal pain.

Naadi Nadai for Perumbadu

“உறுதியுள்ள பித்தமது தோன்றில் வெப்பு
உஷ்ணவாயு வத்திசுர மதிசா ரங்கள்
மறதியுடன் கிறுகிறப்பு பயித்திய ரோகம்
வளர்சோகை யழலெரிவு காந்தல் கைப்பு
இருதயத்தில் கலக்கமது மறப்பு தாகம்
எழுங்கனவு மேயனைவு மயக்க மூர்ச்சை
சிறுதுபெரும் பாடுரத்தம் பிரமே கங்கள்
சேர்ந்து மிகு பிணிபலவுஞ் சிறக்குந் தானே”

—சதக நாடி

வாத மிகுதியுடன் உஷ்ணமுஞ் சேர்ந்ததாலேற்படும் குறிகுணங்கள்:-

“சிறப்பான வாதத்தி லுட்டிணந் தானே
சேர்ந்திடுகி லதிசார முளைச்சல் வாயு
உரைப்பான பொருமலொடு அக்கினி மந்தம்
உள்ளாகும் நீர்ச்சிறுப்பு பிரமே கங்கள்
பிறப்பாடு மதகரிநீர் கரப்பான் ரத்தம்
பிரமேகம் பெரும்பாடு புறநீர்க்கோவை
அறப்பான வாயுக்கலை சேத்தும ரோகம்
ஆனபல பிணிகளுமே வந்தடருந் தானே”

—சதக நாடி

அசாத்தியம் – சாத்தியம்

“கூட்டியதோ ரசாத்தியத்தைச் சொல்லக் கேளாய்
சொலும்சேட்ப பெரும்பாடு தொந்தரசி ராவம்
பூட்டினதோ ரிரண்டும் பிழைக் கொட் டாது
புகழான சாத்தியத்தை விளம்பக் கேளாய்
வாட்டினதோர் வாதத்தின் பெரும்பா டோடு
வகையான பித்தத்தின் சிராவந் தானும்
தீட்டினதோர் மருந்துக்குச் செயமு மாகும்
செப்பினதோர் நன்னுலைத் தெளிந்து பாரே”

–யுகி வைத்திய சிந்தாமணி

Vatha Perumbadu and pitha perumbadu are curable.
kaba perumbadu, Thontha perumbadu are incurable.

பெரும்பாட்டிலுண்டாம் தோடக்குறி குணங்கள்

“தேகத்தாறு மனலும் தீதாமதி லெரிச்சல்
வேகப்பெரும்பாடு வெண்ணிறமாய்ப் –போகவதில்
நாற்றமேல் மூச்சு நவிலக்கப மயக்கம்
தோற்றவுடல் சாயுஞ் சொல்.”

–நோய் நாடல் முதல் பாகம்

According to Manmurikiyam

“அடிக்கடி குருதியொழுகல் வெம்பல்
புனல்வேட் டிடுதல் குருதி குறைதல்
ஆற்றல் குறைதல் காய்ச்சல் தோன்றல்
எனுமிவை தீராக் குறிகளாகும் ”

–மான்முருகியம்

If and when the menstrual bleeding is pale in colour with offensive odour and with burning sensation over the body breathlessness, palpitation, cough, giddiness, Anaemia, excessive body heat present in that patient, this perumbadu is deemed to be incurable.

PATHOLOGY

OF

VATHA PERUMBADU

PATHOLOGY FOR VATHA PERUMBADU

The basic constituents of the body are 96 principles. Due to diet and activities 96 principles get deranged and results in diseases, either pertaining to the body or mind.

Affected Uyir thathukkal

Vali

Praanan	- dyspnoea, loss of appetite
Abaanan	- Excessive menstrual bleeding
Viyanan	- Body pain
Samaanan	- Loss of appetite
Udhaanan	- Vomiting
Kirukaran	- Loss of appetite
Devathathan	- Anger

Azhal

Anar pitham	- Loss of appetite.
Ranjagam	- Pallor
Prasagam	- Complexion changes
Saathagam	- Difficulty to do work due to excessive menstrual bleeding.

Iyyam

Avalambagam	- Dyspnoea
Kilathagam	- Loss of appetite
Santhigam	- Pain present in the back region

Affected Udai thathukkal

Saaram	- Tiredness
Chenneer	- General tiredness, pallor
Oon	- Fullness of the abdomen.
Kozhuppu	- Low back pain
Enbu	- Low back pain
Moolai	- Giddiness
Suronitham	- Excessive menstrual bleeding

Manikadai nool

Vatha perumbadu patients have either 10 finger breadths (which indicates abdominal distension, flatulence, tiredness) or 9 finger breadths

Affected 96 principles are as follows

Earth	- Fullness of the abdomen
Water	- Excessive menstrual bleeding
Fire	- Complexion changes
Air	- Anxiety
Space	- Increased anger

Imporigal (sensory apparatus)

Mei	- Tenderness present in the lower abdomen
-----	---

Kanmenthiriyam (motor apparatus)

Kaal	- Pain present in the both lower limbs
Eruvai	- Constipation

Karuvai - Excessive menstrual bleeding

Anthakaranam (mind components)

Anger and frustration in the *Vatha perumbadu* are one of the main etiological factors. So these characters make the four anthakaranam to get affected.

Aasayam:

Amarvasayam - Loss of appetite
Malavasayam - Constipation
Suronithaasayam - Excessive menstrual bleeding

Kosam:-

Annamayokosam - Loss of appetite
Manomaya kosam - Anger

Affected annamayokosam leads to the others kosams to get affected since it is the building block of other kosam

Aatharam:-

Swathittanam - lower abdominal pain
Moolatharam - Excessive menstrual bleeding, Constipation

Gunam

Thamo gunam character is one of the causative factors.

Astrological view of Vatha perumbadu

According to the “Siddha maruthuvanga surukkam” the uterus is closely related to venus, rishabam. So in the case of women with the above said zodiac signs, *Vatha perumbadu* is most likely to occur.

REVIEW

OF

LITERATURE

MODERN

FEMALE REPRODUCTIVE SYSTEM

Female reproductive organs include external and internal genital organs.

Female external genital organs/ pudendum or vulva

It includes

1. The mons pubis
2. The labia majora
3. The labia minora
4. The clitoris
5. The vestibule of the vagina
6. The bulbs of the vestibule
7. The greater vestibular glands

The Internal genital organs:-

It includes

1. A pair of Ovaries
2. A pair of uterine / fallopian tubes
3. Uterus
4. Vagina

The vagina

The vagina is a fibromuscular canal lined with stratified squamous epithelium that leads from the uterus to the vulva. It is longer in the posterior wall (around 9 cm) than anteriorly (approximately 7 cm). The vault of vagina is divided into four fornices, posterior, anterior and two lateral.

The vagina is kept moist by secretions from the uterine and cervical glands and by some transudation from its epithelial lining. It has no glands. The epithelium is thick and rich in glycogen, which increases in the postovulatory phase of the cycle. However before puberty and after the menopause the vagina is devoid of glycogen because of oestrogen deficiency.

Doderlein's bacillus is a normal commensal of the vagina breaking down the glycogen to form lactic acid and producing a pH of around 4.5. This has a protective role for the vagina in decreasing the growth of pathogenic organisms.

The upper posterior vaginal wall forms the anterior peritoneal reflection of the pouch of Douglas. The middle third is separated from the rectum by pelvic fascia and the lower third abuts the perineal body.

Age changes

At birth, the vagina is under the influence of maternal oestrogens so the epithelium is well developed. After a couple of weeks the effects of the estrogens disappear and the pH raises to 7 and the epithelium atrophies. At puberty the reverse occurs and finally at the menopause the vagina tends to shrink and the epithelium atrophies.

The cervix

The cervix is narrower than the body of the uterus and is approximately 2.5 cm in length. Due to antifixion or retroflexion the long axis of the cervix is rarely the same as the long axis of the body of the uterus.

The upper part of the cervix mostly consists of involuntary muscle, whereas the lower part is mainly fibrous connective tissue. The mucous membrane of the endocervix has anterior and posterior columns from which folds radiate out, known as the arborvitae. It has numerous deep glandular follicles that secrete clear, alkaline mucus, the main component of physiological vaginal discharge. The epithelium of the endocervix is cylindrical and also ciliated in its upper two – thirds and changes to stratified squamous epithelium around the region of the external os. This squamocolumnar junction is also known as the transformation zone and is an area of rapid cell division and approximately 90 percent of cervical carcinoma arises in this area.

The uterus

The uterus is shaped like an inverted pear tapering inferiorly to the cervix and in the non-pregnant state is situated entirely within the pelvis. It is hollow and has thick muscular walls. Its maximum external dimensions are approximately 7.5 cm long, 5 cm wide and 3 cm thick. The uterus consists of three layers – the outer serous layer (peritoneum), the middle muscular layer (myometrium), and the inner mucous layer (endometrium).

The peritoneum covers the body of the uterus and posteriorly, the supravaginal portion of the cervix. The serous coat is intimately attached to a subserous fibrous layer except laterally where it spreads out to form the leaves of the broad ligament. The muscular myometrium forms the main bulk of the uterus and comprises interlacting smooth muscle fibres intermingling with areolar tissue, blood vessels, nerves and lymphatics. Externally these are mostly longitudinal but the larger intermediate layer has interlacing longitudinal, oblique and transverse fibres. Internally they are mainly longitudinal and circular.

The inner endometrial layer has tubular glands that dip into the myometrium. The endometrial layer is covered by a single layer of columnar epithelium.

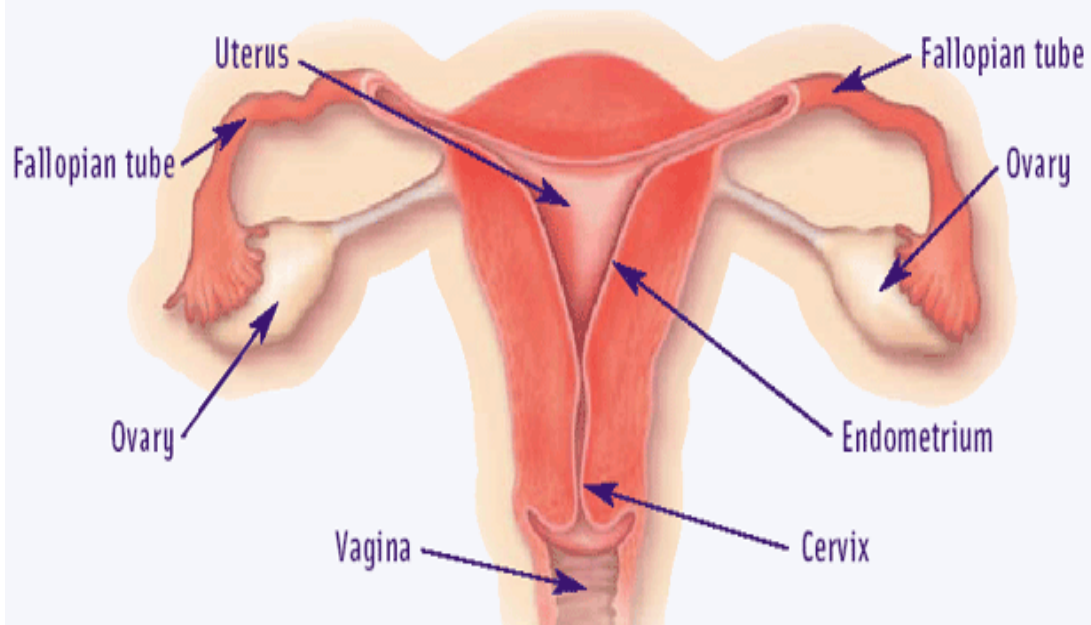
The fallopian tubes

Each fallopian tube extends outwards from the uterine cornu to end near the ovary. The fallopian tube runs in the upper margin of the broad ligament, part of which, known as the mesosalpinx, encloses it so that the tube is completely covered with peritoneum except for a narrow strip along this inferior aspect.

Each tube is about 10 cm long & is described in four parts.

1. The interstitial portion
2. The isthmus

The Uterus



3. The ampulla
4. The infundibulum, or fimbrial portion.

Ovaries

The size and appearance of the ovaries depends on both age and the stage of the menstrual cycle. In the young adult they are almond shaped, solid, a greyish pink and approximately 3 cm long, 1.5 cm wide and 1 cm thick.

In the child the ovaries are small structures approximately 1.5 cm long. They have a smooth surface and at birth they contain between one and two million primordial follicles, some of which will ripen into mature follicles in the reproductive years. The ovaries increase to adult size in the months preceding puberty. This considerable increase is brought about by proliferation of the stromal cells and by the commencing maturation of the ovarian follicles. After the menopause no active follicles are present and the ovary becomes a small shrunken structure with a wrinkled surface.

The ovary is the only intra-abdominal structure not to be covered by peritoneum. Each ovary is attached to the cornu of the uterus by the ovarian ligament and at the hilum to the broad ligament by the mesovarium, which contains its supply of vessels and nerves.

Laterally each ovary is attached to the suspensory ligament of the ovary with folds of peritoneum, which become continuous with that overlying the psoas major.

Anterior to the ovary like the fallopian tubes, the superior position of the bladder and the uterovesical pouch. It is bound behind by the ureter where it runs downwards and forwards in front of the internal iliac artery.

Structure

The ovary has a central medulla & Outer thicker cortex. The surface of the ovaries is covered by a single layer of cuboidal cells, the germinal epithelium. Beneath this is an ill-defined layer of condensed connective tissue, the tunica albuginea, which increases in density with age.

MENSTRUAL CYCLE

Definitions:-

The cyclic events that take place in a rhythmic fashion during the reproductive period of a women's life is called Menstrual cycle.

CHANGES DURING MENSTRUAL CYCLE

During each menstrual cycle, series of changes occur in ovary and accessory sex organs. These changes are

1. Ovarian changes
2. Uterine changes
3. Vaginal changes
4. Changes in cervix uteri.

Ovarian changes during menstrual cycle:-

The changes in the ovary during each menstrual cycle occur in two phases.

- a) Follicular phase
- b) Luteal phase.

Follicular phase:-

This extends from the 5th day of the cycle until the time of ovulation, which takes place on 14th day. During this phase, the primordial follicle of the ovary develops into a graffian follicle.

Ovulation:-

Ovulation is the process in which there is rupture of graffian follicle with consequent discharge of ovum into abdominal cavity. This occurs after the maturity of follicle. It is influenced by LH. The Ovulation occurs usually on 14th day of menstrual cycle in a normal cycle of 28 days.

Luteal phase:-

This phase extends between 15th and 28th day of menstrual cycle. After Ovulation, the ruptured follicle develops into a yellow body called Corpus luteum.

Uterine changes during Menstrual cycle:-

The changes in uterus take place in three phases.

1. Menstrual phase
2. Proliferative phase
3. Secretory phase.

Menstrual phase:-

This is the phase during which bleeding occurs and, its duration lasts for about 4 to 5 days. There is sudden reduction in the release of estrogen and progesterone from Ovary. The reduced level of these hormones is responsible for menstruation.

Changes in endometrium:-

Due to lack of the hormones estrogen and Progesterone, the endometrium in the uterus is not activated. This leads to sudden involution of the endometrium up to 65% of original thickness. During the next 24 hours, the tortuous blood vessels in the endometrium undergo severe constriction. This endometrial vasoconstriction is because of 3 reasons.

1. The involution of endometrium
2. The actions of vasoconstrictor substances like prostaglandin released from tissues of involutes endometrium.
3. Sudden lack of estrogen and progesterone, which are vasodilators.

The Vasoconstriction causes hypoxia leading to necrosis in the endometrium. Due to necrosis, the blood vessels of endometrium start rupturing and blood oozes out. The menstrual bleeding is called menstruation.

During normal menstruation, about 35 ml of blood is lost. Along with this, an additional amount of 85 ml of serous fluid is also expelled. The blood clots as soon as it oozes into the uterine cavity. The fibrinolysin causes lysis of clot in uterine cavity itself so that, the menstrual fluid does not clot. However, in the pathological conditions involving uterus, the menstrual fluid clots.

Menstruation stops between 3rd and 7th day of menstrual cycle. At the end of menstrual phase, the thickness of endometrium is only about 1 mm.

2. Proliferative phase:-

This phase extends usually from 5th to 14th day of menstruation. During proliferative phase, the ovary secretes estrogen. Estrogen acts on cells of endometrium. These endometrial cells proliferate rapidly under the influence of estrogen. Thus, the epithelium reappears on the surface of endometrium within the first 4 to 7 days of proliferative phase. The continuous cellular proliferation, the thickness of endometrium increases very much. At the end of proliferative phase, the thickness of endometrium is 3 to 4 mm.

3. Secretory phase:-

It extends between 15th and 28th day of the menstrual cycle is between the day of ovulation and the day when menstruation of next cycle commences. After ovulation, Corpus luteum is developed in the ovary. Corpus luteum secretes a large quantity of

progesterone. It also secretes a small amount of estrogen. Estrogen causes further proliferation of cells in uterus, so that the endometrium becomes thicker. Progesterone causes further enlargement of endometrial stroma and further growth of glands under the influence of progesterone, the endometrium glands obtain the secretory function.

The secretory phase is the preparatory period during which, the uterus is prepared for the implantation of ovum. At the end of secretory phase, the thickness of endometrium is 5 to 6 mm. All these uterine changes during secretory phase occur due to the influence of estrogen and progesterone. Estrogen is responsible for repair of damaged endometrium and growth of the gland. Progesterone is responsible for further growth of these structures and the secretory activities in the endometrium.

If a fertilized ovum is implanted during this phase and if the implanted ovum starts developing into a fetus, further changes occur in the uterus for the survival of the developing fetus. If the ovum is not fertilized or if pregnancy does not occur, menstruation occurs after this phase and a new cycle starts.

CHANGES IN VAGINA AND CERVIX DURING MENSTRUAL CYCLE:-

Vaginal changes during menstrual cycle:-

Vaginal epithelium undergoes cyclic change during menstrual cycle.

Proliferative phase:-

During Proliferative phase, the epithelial cells of vagina are cornified. Estrogen released from ovary is responsible for the cornification of vaginal epithelial cells.

Secretory phase:-

During secretory phase, due to the actions of progesterone, there is proliferation of vaginal epithelium. The vaginal epithelium is infiltrated with leukocytes.

CHANGES IN CERVIX UTERI DURING MENSTRUAL CYCLES:-

The mucus membrane of cervix uteri also shows cyclic changes during different phase of menstrual cycle.

Proliferative phase:-

The mucus membrane of cervix becomes thinner and more alkaline.

Secretory phase:-

The mucus membrane of cervix becomes more thick and adhesive.

HORMONAL REGULATION OF MENSTRUAL CYCLE:-

The various changes in ovary and uterus during menstrual cycle are controlled by gonadotropins secreted by ant-pituitary.

HORMONAL REGULATION OF OVARIAN CHANGES:-

Follicular phase:-

Changes in the ovary during follicular phase of menstrual cycle are mostly under the influence of FSH from anterior pituitary; FSH is responsible for the development and growth of graffian follicle from primordial follicle. FSH is also responsible for secretion of estrogen by theca cells of graffian follicle.

LH is also secreted from anterior pituitary at the later part of follicular phase. Along with FSH, LH causes maturation of follicle.

Ovulation:-

LH is important for ovulation.

Luteal phase:-

After the ovulation, the development of corpus luteum from the follicle depends upon LH. FSH also plays a role in maintaining secretory activity of corpus luteum.

HORMONAL REGULATION OF UTERINE CHANGES:-

The cyclic changes which occur in uterus during menstrual cycle are influenced by estrogen and progesterone secreted from ovary. The secretion of these ovarian hormones from anterior pituitary.

The sudden withdrawal of secretion of these ovarian hormones causes the destructive changes in uterus and menstruation occurs.

Lack of these hormones causes the release of gonadotropins once again from anterior pituitary. This results in onset of development of follicles in ovary and the cycle repeats.

MENORRHGIA DUE TO UTERINE MYOMA

MENORRHGIA

Menorrhagia is a Greek Word. 'Men' means menses and "rrhagia" means burst forth.

Definition:-

Menorrhagia is a cyclical bleeding at normal intervals which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of the hypothalamic-pituitary-Ovarian axis. Whenever the uterine endometrial surface is enlarged, the bleeding surface is increased and it contributes to excessive bleeding. Such conditions prevail in uterine fibroids, adenomyosis, uterine polyps, myohyperplasia and endometrial hyperplasia.

A normal menstrual blood loss is 50 to 80 ml and does not exceed 100 ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increase Menorrhagia is essentially a symptom and not in itself a disease. It affects 20-30% of women at sometime or other with significant adverse effects on quality of life in terms of anaemia, cost of sanitary pads and interferes with day-to-day activities.

Causes:-

The causes can be divided into

General diseases causing menorrhagia are:-

-Blood dyscrasia, i.e. leukaemia, coagulopathy, thrombocytopenic purpura, severe anaemia, Coagulation disorders in 20% adolescents.

-Thyroid dysfunction

-hypothyroidism and hyperthyroidism in initial stages.

-General tuberculosis may cause menorrhagia initially, but in advanced state amenorrhea ensues.

Local Pelvic causes are

-Uterine causes: Uterine fibroids, fibroid polyp, adenomyosis, endometrial hyperplasia.

-Chocolate cyst, ovarian feminizing tumors, Polycystic Ovarian disease (PCOD), endometriosis

-Uterine arteriovenous fistula and varicosity of vessels rare - This may be congenital, but quite often it is traumatic following dilation and curettage (D&C).

-Saipingo - Oophoritis, Pelvic inflammatory disease (PID), genital TB.

-Immediate puerperal and post abortal periods.

Endocrine disorders:

-Hyperestrogenism

-Hypothyroidism tends to cause menorrhagia.

-Hypothalamic and pituitary diseases cause excessive uterine bleeding.

-Cirrhosis of the Liver, and any disease which disturbs the normal metabolism and inactivation of estrogen by the liver, can lead to menorrhagia.

Intra uterine Contraceptive device (IUCD) has provided yet other etiological factors.

Psychological upsets:-

Emotional and nervous disorders may cause excessive uterine bleeding. Changes in Environment, nervous tension, anxiety states, unsatisfied sex urge, marital upsets, stress situations and redundancy or over work are examples of the factors which

are commonly to blame. These factors operate possibly through the endocrine system which is influenced by the hypothalamus, but more probably through the autonomic nervous system which controls the blood vessels supplying the pelvic organs.

Active or passive congestion causes hypertrophy of the myometrium and endometrium so that the uterus can become from two to six times normal in size. A similar vascular upset which involves the ovaries may make them cystic, and causes polymenorrhea.

Psychological factors are the commonest reasons for patients perceiving bleeding as excessive or abnormal.

FIBROMYOMAS

Fibromyomas, leiomyomas, fibroids or simply myomas, leiomyomata.

Uterine fibroids are very common non cancerous growths that develop in the muscular wall of the uterus, commonly encountered in gynecological practice (5- 20 % of women in the reproductive age group).

Aetiology

Each myoma is derived from smooth muscle cell rests, either from vessel walls or uterine musculature. The association of fibroids in women with hyperoestrogenism is evidenced by endometrial hyperplasia, dysfunctional metropathia bleeding and endometrial carcinoma.

Myomas are known to increase in size during pregnancy and with oral contraceptives.

New myomas rarely appear after menopause.

Myomas are rarely found before puberty, and they generally cease to grow after Menopause

Anatomy

A typical myoma is well circumscribed tumour with a pseudocapsule. It is firm in consistency. The cut surface is pinkish white and has a whorled appearance. The capsule consists of connective tissue which fixes the tumour to the myometrium. The vessels which supply blood to the tumour. Because of this arrangement of blood supply, the central portion of the tumour receives the blood supply, and degeneration is noticeable early and most often in this part of the tumour. On the other hand calcification begins at the periphery and spreads inwards along the vessels. Microscopically, the tumour consists of bundles of plain muscle cells, separated by varying amount of fibrous strands.

Intramural fibroids

The tumour may grow symmetrically, remaining within the myometrial wall, it is called intra mural tumour. These are the most common fibroids. Intra mural fibroids can result in heavier menstrual bleeding and pelvic pain, back ache or the generalized pressure that many women experience.

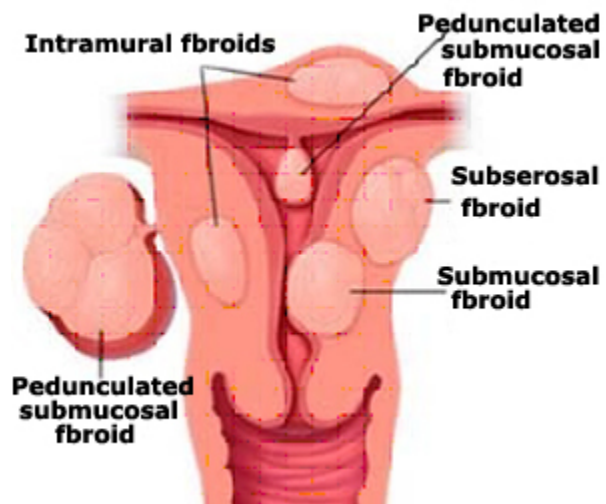
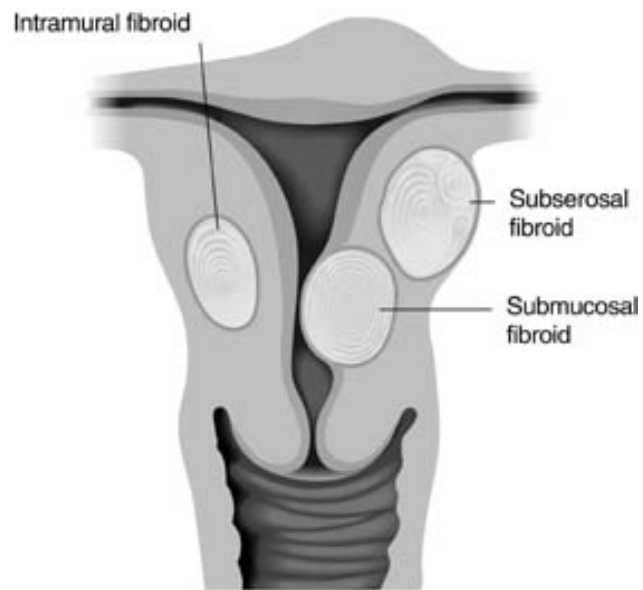
Subserous fibroids

These develop under the outside covering of the uterus and expand outward through the wall, giving the uterus a knobby appearance. They typically do not affect a women's menstrual flow, but can cause pelvic pain, back pain and generalized pressure. The subserosal fibroid can develop a stalk or stem like base, making it difficult to distinguish from an ovarian mass.

Submucosal fibroids

Uterine contractions may force the myoma towards the cavity where it is covered only by thin endometrium; it is then called sub mucous myoma.

FIBROID UTERUS



SYMPTOMS:

Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots. This can lead to anemia

Pelvic pain and pressure

Pain in the back and legs

Bladder pressure leading to frequent urge to urinate

Pressure on the bowel, leading to constipation and bloating

Abnormally enlarged abdomen

Differential diagnosis**Pregnancy**

A cystic degenerated fibroid causing a soft enlarged uterus can be mistaken for pregnancy. The breast sign, soft cervix, pregnancy test and ultrasound resolve the doubt.

Adenomyosis

Adenomyosis shares the clinical features of uterine fibroma. The uterus more than 12 weeks size or an irregular enlarged uterus favors the diagnosis of fibroma. Besides adenomyomatous uterus is often tender. Ultrasound confirms the diagnosis.

Endometriosis, chocolate cyst

The clinical features are similar, but the uterus is normal in size and adherent to the pelvic mass.

Ectopic pregnancy

Chronic ectopic pregnancy with pelvic haematocoele can give clinical impression of a fibroid. However the history is different ultrasound will clear the doubt.

Chronic PID

The history and clinical findings may be identical, but inflammatory masses are slightly tender and the uterus normal sized and fixed.

Benign ovarian tumour

A subserous or pedunculated fibroid may resemble an ovarian tumour. Ultrasound will show the nature of the tumour.

Malignant ovarian tumour

One of the grave errors is to mistake a malignant ovarian tumour for the uterine fibroid.

Endometrial cancer

Endometrial cancer and myoma coexist in elderly woman. Abnormal bleeding requires curettage to rule out malignancy.

INVESTIGATIONS

The following investigations may be carried out

Total WBC count

Differential count

Total RBC count

Erythrocyte sedimentation rate

Haemoglobin estimation

Blood sugar

Bleeding time,

Clotting time,

Smear study.

Blood sugar

Ultra sound

Hysterosalpingography

Hysteroscopy

D/C

MRI.

MATERIALS AND METHODS

MATERIALS AND METHODS

The clinical study on topic *Vatha perumbadu* was carried out in the out-patient department of the Ayothidoss pandithar Hospital of the National Institute of Siddha Chennai – 47

Selection of cases:-

40 cases were selected from the out and in patient department and were followed under the supervision of the Head of department and staffs of the post graduates Noi Naadal department.

Population and sample

The population consists of *Vatha perumbadu* Patients with head ache, body pain, complexion changes, fullness of the abdomen, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour.

The sample consists of *Vatha perumbadu* patients attending at Out & In patient department of the Ayothidoss Pandithar Hospital of the National Institute of Siddha Chennai 47

Inclusion criteria

Age - Reproductive age group (25 – 45yrs)

Duration of diseases more than 3 months

Exclusion criteria:

Patients with any serious system illness,

Carcinoma cervix,

Cervical dysplasia

Evaluation of clinical parameters

During examination, the cases were subjected to careful enquiry which involved history taking and examination of clinical features. The signs and symptoms of *Vatha perumbadu* as per the literature of Yugi Vaidhiya Sinthamani, head ache, body pain, complexion changes, fullness of the abdomen, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour.

The detailed history of the past and present illness, dietary habits, occupational history were also taken before considering a case for selection in this study. The patients fully satisfying inclusion and exclusion criteria will be admitted to the study on siddha clinical Diagnosis.

The eight fold examination (Ennvagai thervu), trihumoural theory (Mukkutram), seven body components (Udal thathukal), wrist circummetric test (Manikadi Nool), habitat (Nilam), season (Kalam) and astrology (Sothidam) of the patient was assessed.

Modern Parameters

The following routine laboratory investigations were carried out in the patients

Routine

Total WBC count

Differential count

Total RBC count

Erythrocyte sedimentation rate

Haemoglobin estimation

Blood sugar

Bleeding time

Clotting time.

Smear study.

Urine

Albumin

Sugar

Deposit

Specific test

USG – Pelvis

OBSERVATION AND RESULTS

OBSERVATION AND RESULTS

Among the 200 cases screened, 100 cases were short listed and among this 100, 40 cases were diagnosed to have *Vatha perumbadu*. In the present study comprising 40 patients, all were between the 25 to 48 years. Among the 40 patients admitted in the OPD and IPD of Ayothidoss Pandithar Hospital, National Institute of Siddha.

AGE DISTRIBUTION

Table No. 1

Age	No of cases	Percentage
25- 30	7	17.5
31 – 35	5	12.5
36-40	15	37.5
41-45	13	32.5
Total	40	100

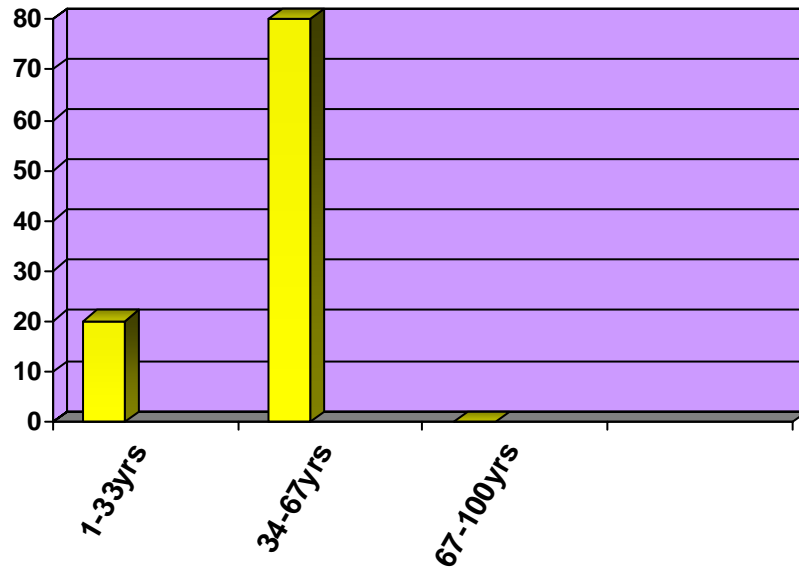
Among 40 cases 37 .5% of cases were under 36 – 40 age group. 32.5% of cases were under 41 - 45 age group.

KAALAM

Table No. 2

Age group and kaalam	No of cases	Percentage
1 to 33 yrs	8	20
34 to 66 yrs	32	80
67 to 100yrs	-	-
Total	40	100

Among 40 cases 80% of cases come under Azhal kaalam i.e. 34 – 66 yrs.

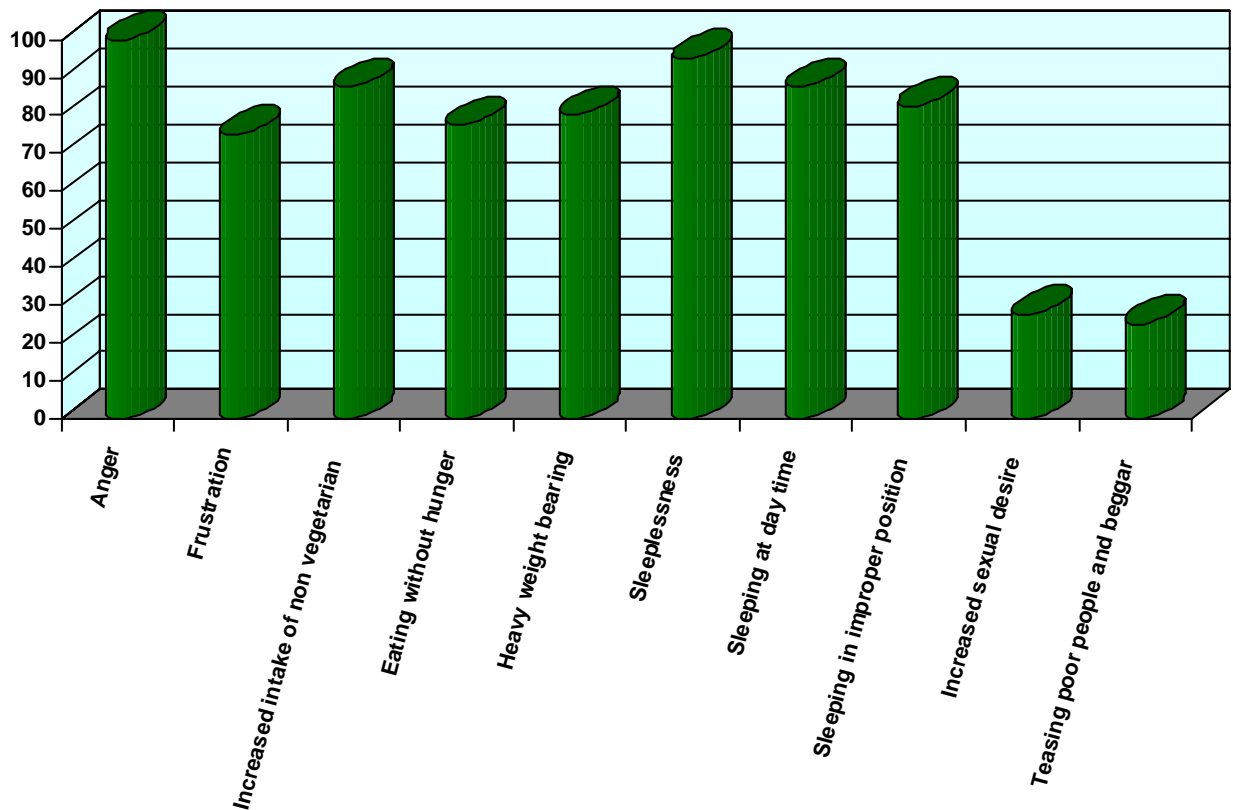


ETIOLOGY FOR VATHA PERUMBADU

Table No. 3

Etiology for Vatha perumbadu	No of cases	percentage
Anger	40	100
Frustration	30	75
Increased intake of non-vegetarian diet	35	87.5
Eating without hunger	31	77.5
Heavy weight bearing	32	80
Sleeplessness	38	95
Sleeping during day time	35	87.5
Sleeping in improper positions	33	82.5
Increased sexual desire	11	27.5%
Teasing poor people and beggars	10	25

Out of 40 cases, 100% cases have anger, 95% cases have the history of sleeplessness, 87.5 % cases for increased intake of non vegetarian diet, sleeping during day time, 82.5 % cases for sleeping improper position, 80% cases for heavy weight bearing, 77.5% cases for eating without hunger, 75% cases for frustration, 27.5% cases for increased sexual desire, 25% cases for teasing poor people and beggars.

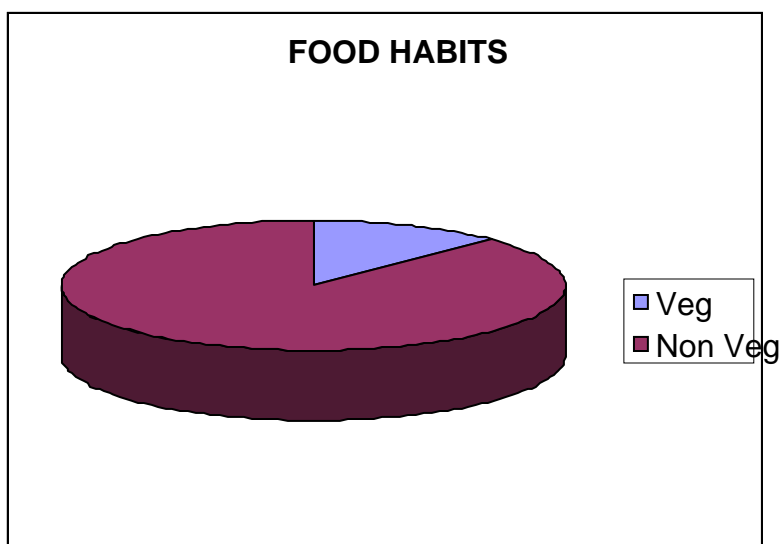


FOOD HABITS

Table No 4

Food habits	No of cases	percentage
Vegetarian	5	12.5
Non vegetarian	35	87.5

Among the 40 cases, of this study 87.5% of cases were non vegetarian, 12.5 % were vegetarian.



OTHER HABITS

Table No. 5

Other habits	No of cases	percentage
Betel nut chewing	10	25

Among the 40 cases of this study, 25% of cases were betel nut chewing habit.

NOI UTRA KAALAM

Table No. 6

Noi utra kaalam	No of cases	Percentage
Kaar kalam	10	25
Koothirkaalam	4	10
Munpanikaalam	5	12.5
Pinpanikaalam	3	7.5
Elavenirkaalam	2	5
Muduvenirkaalam	16	40

In kaalam, out of the 40 cases of this study 40% of cases were first affected in muduvenil kaalam. 25% of cases were affected in kaar kaalam.

NOI UTRA NILAM

Table No 7

Noi utra nilam	No of cases	Percentage
Kurinji	4	10
Mullai	10	25
Marutham	02	5
Neithal	24	60
Palai	00	00

In nilam, 60% of cases were affected from Neithal Nilam.

UDAL VANMAI

Table No. 8

Udal vanmai	No of cases	percentage
Iyyalpu (Normal)	35	87.5
Valivu(well built)	2	5
Melivu (lean)	3	7.5
Total	40	100

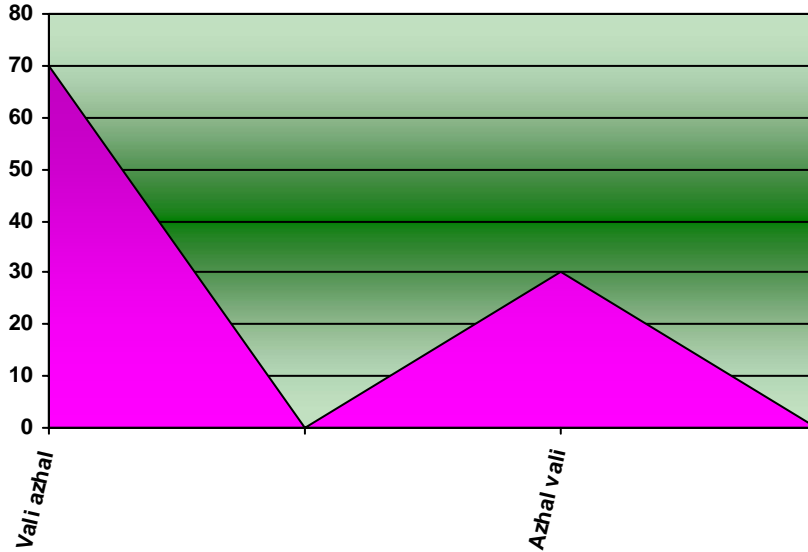
Among the 40 cases of this study, 87.5% of cases were of Iyyalpu udal vanmai, 5% cases were of Valivu udal vanmai, and 7.5% cases were of Melivu udal vanmai.

NAADI (PULSE)

Table No. 9

Naadi		No of cases (out of 40)	percentage
Naadi nithanam (pulse appraisal)	Vanmai	30	75
	Menmai	10	25
	Total	40	100
Naadi panbu (pulse character)	Munnokku	28	70
	Pinnokku	5	12.5
	Puranadai	7	17.5
Naadi nadai (pulse play)	Vali azhal	28	70
	Azhal vali	12	30
	Total	40	100

Among the 40 cases of this study, 75% of cases have Vanmai character and 25% cases have Menmai character in Naadi nithanam, 70% of cases have Munnokku character, 12.5% of cases have Pinnokku character, 17.5% of cases have puranadai in Naadi panbu, 70% of cases have Vali azhal and 30% of cases have Azhal vali in their Naadi Nadai.



NAA

Table No 10

Naa		No of cases	percentage
Thanmai	Maa padithal (Coating)	15	37.5
	Vedippu (Fissuring)	5	12.5
Niram (Colour)	Karuppu	2	5
	Manjal	00	00
	Velluppu	28	70
Suvai (Taste)	Kaippu	05	12.5
	Inippu	00	00
	Pulippu	08	20

	Normal	27	67.5
	Total	40	100

Among 40 cases, 37.5% of cases have coated tongue, 12.5% of cases have fissure in their tongue. 70% of cases have pallor in their tongue. 12.5 % of cases have Kaippu taste, 20% of cases have sour taste in their tongue.

NIRAM MOZHI AND VIZHI

Table No. 11

Niram mozhi and vizhi		No of cases	percentage
Niram (colour)	Karuppu	35	87.5
	Manjal	05	12.5
	Vellupu	00	00
	Total	40	100
Mozhi (Voice)	Sama oli (Normal)	20	50
	Urattha oli (High pitch)	10	25
	Thazhantha Oli (Low pitch)	10	25
	Total	40	100
Vizhiyin niram	Karuppu (muddy)	12	00
	Manjal	00	00
	Sivappu	00	00
	Vellupu	28	70

Among 40 cases, 87.5% of cases are Karuppu ie: black and brownish black.50% of cases have Sama oli, 25 % of have Urattha oli, 25% of cases have Thazhantha oli.70% of cases have Vellupu venvizhi.

MEI KURI

Table No. 12

Mei kuri		No of cases	percentage
Veppam (Warmth)	Mitham (Mild)	40	100
	Migu (High)	00	00
	Thatpam (Cold)	00	00
	Total	40	100
Viyarvai (Sweat)	Normal	40	100
	Reduced	00	00
	Total	40	100
Tenderness	Present	21	52. 5
	absent	19	47.5

Among 40 cases, 100% of cases have Mitha veppam.52.5% of cases have tenderness present in the lower abdomen.

MALAM

Table No 13

Malam (stools)		No of cases	percentage
Niram (Colour)	Manjal (Yellowish)	40	100
	Sivappu (Reddish)	00	00
	Veluppu (pale)	00	00
	Total	40	100
Sikkal (Constipation)		15	37. 5

Among 40 cases, 100% of cases have yellow colour of stool, 25% of cases have constipation.

NEER KURI

Table No 14

Neer kuri		No of cases	Percentage
Neer thanmai	Neer manam	40	100
	Neer erichchal	00	00
Neer niram (Colour)	Venmai (Whitish)	02	05
	Manjal (Yellowish)	38	95
	Crystal clear	00	00
	Total	40	100
Nurai (Frothy)	Present	28	70
	Nil	12	30
	Total	40	100
Edai (Density)	Normal	40	100
	Total	40	100
Enjal (Deposit)	Nil	40	100
	Total	40	100
Nei kiuri (Oil - on-urine sign)	Aravam	3	7.5
	Muthu	5	12.5
	Mela paraviyathu (slow spreading and assuming a coin like pattern)	32	80
	Total	40	100

Among 40 cases, all the (100%) cases have neer manam, 95% of cases have yellowish urine. 70% of cases have frothy and 100% of cases have normal edai, enjal. In nei kuri 80% of cases have slow spreading pattern and assuming a coin like pattern. 12.5% of cases having pearl bended pattern.

IMPORIGAL AND KANMAENTHRIYANGAL

Table No 15

Imporigal and Kanmaenthriyangal		No of cases	percentage
Imporigal	Mei	21	52.5
Kanmaenthriyangal	Kaal	40	100
	Eruvai	15	37.5
	Karuvai	40	100

Among 40 cases all the (100%) of cases have karuvai, kaal are affected. 37.5% of cases have affected eruvai

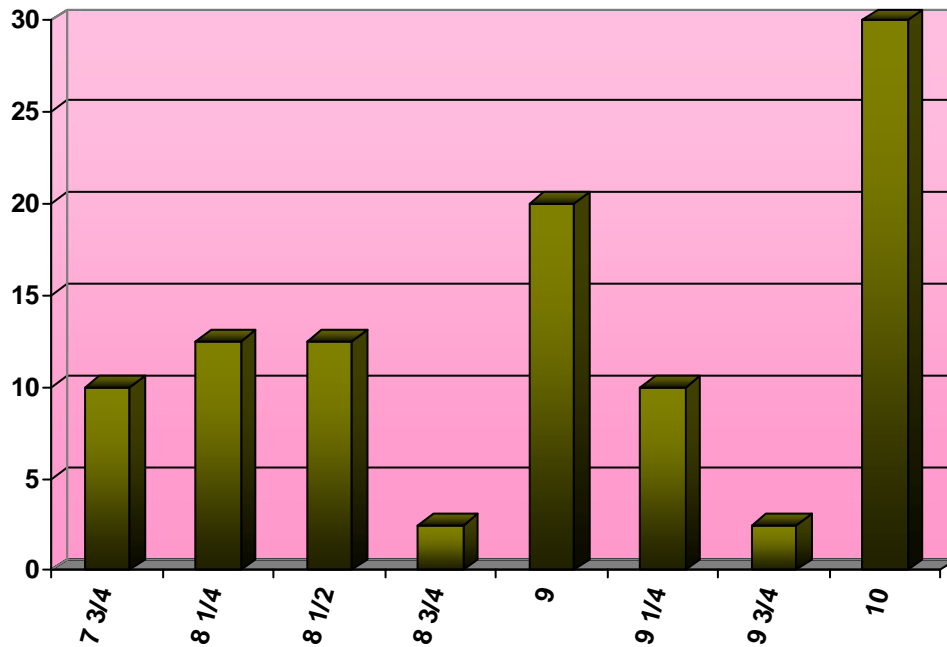
MANIKADAI NOOL

Table No 16

Manikadai nool	No of cases	percentage
7 ³ / ₄ fbs	4	10
8 ¹ / ₄ fbs	5	12.5
8 ¹ / ₂ fbs	5	12.5
8 ³ / ₄ fbs	1	2.5
9 fbs	8	20
9 ¹ / ₄ fbs	4	10
9 ³ / ₄ fbs	1	2.5
10 fbs	12	30

lbs - finger breadths

Among 40 cases, 30% of cases have 10 lbs, 20 % of cases have 9 lbs. According to the authors observation vatha perumbadu falls in a wrist circumetric range of $7 \frac{3}{4}$ - 10 lbs.



UYIR THATHUKKAL

Table No 17

Uyir thathukkal		No of cases	percentage
Vali	Abaanan	40	100
	Praanan	28	70
	Viyanan	40	100
	Samanan	40	100
	Udhaanan	30	75
	Kirukaran	28	70
	Devathathan	40	100

Azhal	Pasagam	28	70
	Ranjagam	28	70
	Prasagam	21	52.5
	Saathagam	40	100
Iyyam	Avalambagam	28	70
	Kilethagam	28	70
	Santhigam	40	100

All the 40 cases, 100% cases have deranged Abaanan, Samanan, Viyanan and Devathathan. 75% of cases have deranged Udhaanan, 70% of cases have deranged Praanan and Kirukaran. All the 40 cases (100%) have deranged Saathaga pitham. 70% of cases have deranged Anar pitham, Ranjaga pitham and 52.5 % of cases have deranged Prasaga pitham. All the 100% of cases have deranged Santhigam. 70% of cases have deranged Kilethagam and Avalambagam.

UDAL THATHUKKAL

Table No 18

Udal thathukkal	No of cases	percentage
Saaram	40	100
Senneer	28	70
Oon	40	100
Kozhuppu	40	100
Enbu	40	100
Moolai	40	100
Suronitham	40	100

All the 40 cases (100%) have deranged saaram, chenner, oon, kozhuppu, enbu, moolai and suronitham.

RAASI DISTRIBUTION

Table No 19

Zodiac sign	No of cases	percentage
Aries	2	5
Taurus	5	12.5
Gemini	1	2.5
Leo	1	2.5
Virgo	3	7.5
Libra	2	5
Scorpio	2	5
Sagittarius	4	10
Capricorns	1	2.5
Pisces	3	7.5
Not known	16	40

Out of 40 cases 12.5% of cases have zodiac sign Taurus.

NATCHATHIRAM DISTRIBUTION

Table No 20

Natchathiram	No of cases	Percentage
Aswini	1	2.5
Karthikai	1	2.5

Rohini	5	12.5
Thiruvathirai	1	2.5
Makam	1	2.5
Utthiram	3	7.5
Visakam	2	5
Anusam	1	2.5
Kettai	1	2.5
Moolam	4	10
Uthiradam	2	5
Thiruvonam	2	5
Not Known	16	40

Among the 40, 24 cases know their stars. In the 24, 12.5% of cases have Rohini natchathiram.

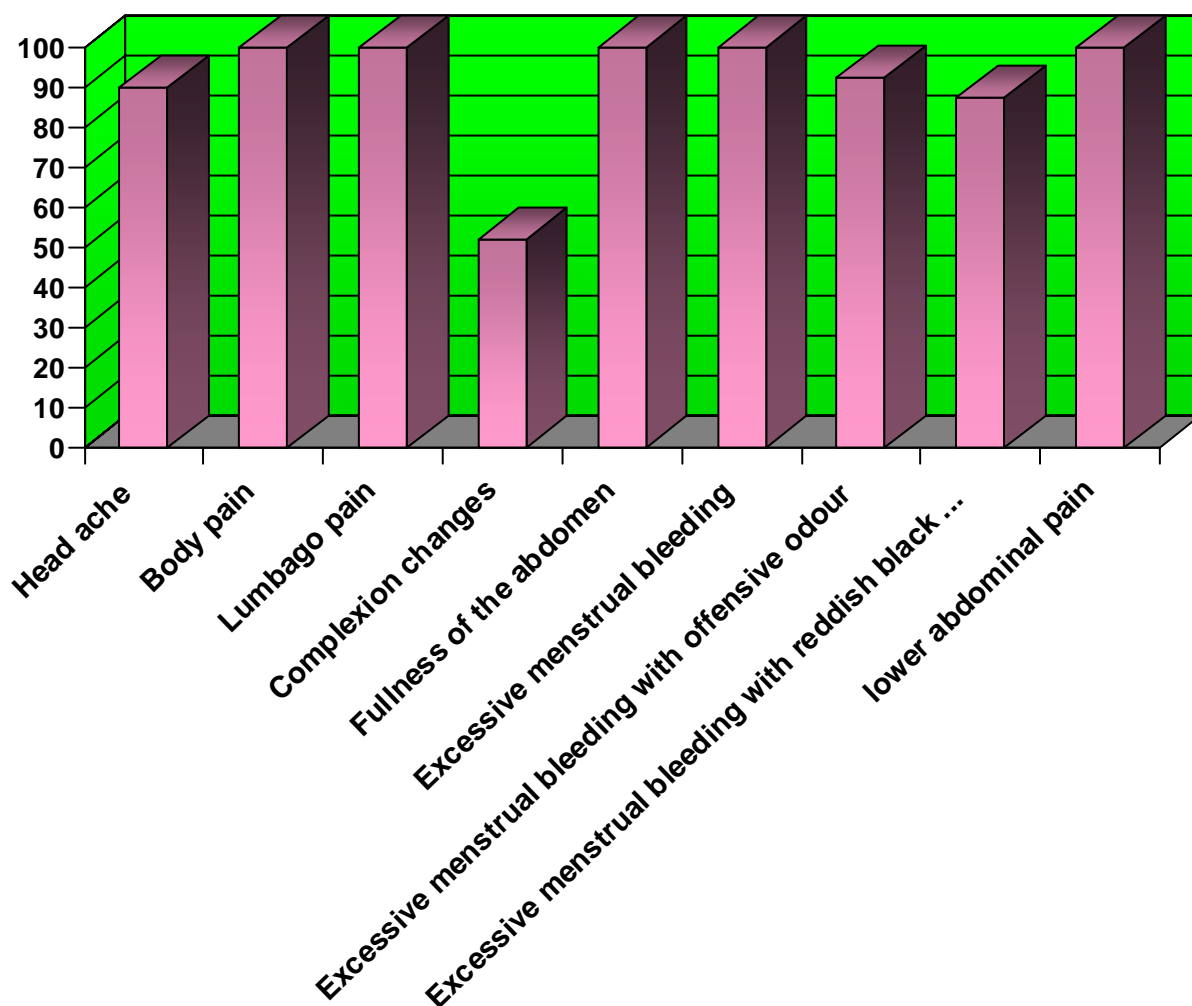
CLINICAL FEATURES OF VATHA PERUMBADU

Table No 21

Clinical features of Vatha perumbadu	No of cases	Percentage
Head ache	36	90
Body pain	40	100
Lumbago	40	100
Complexion changes	21	52.5
Fullness of the abdomen	40	100
Lower abdominal pain	40	100

Excessive menstrual bleeding	40	100
Excessive menstrual bleeding with offensive odour	37	92.5
Excessive menstrual bleeding with reddish black colour	35	87.5

In clinical features, all the 40 cases (100 %) had body pain, lumbago, fullness of the abdomen and excessive menstrual bleeding. 92.5% cases had excessive menstrual bleeding with offensive odour, 90% of cases have head ache, 87.5% of cases have excessive menstrual bleeding of reddish black colour, 52.5% of cases had Complexion changes .



INVESTIGATIONS

Table No - 22

Hb	No of cases	Percentage
7.5 – 8.5	1	2.5
8.6-9.5	6	15
9.6- 10.5	12	30
10.6 – 11.5	9	22.5
11.6 – 12.5	5	12.5
12.6 – 13.6	7	17.5

Out of 40 cases, 30 % of cases have 9. 6 to 10.5 gms% hemoglobin, 22. 5% of cases have 10. 6 to 11.5 gms% .hemoglobin.

Allied parameters
Table showing the Envagai thervu

Table No. 23

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
1.	IP 651	Mathivathana	38/ F	Veluppu	Manjal	Sama oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Azhal vali
2.	AE4577	Uma	27/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Vali azhal
3.	AG024	Kaveri	37/F	Maa padinthiruthal	Blackish	Sama oli	Muddy	Mitham	Sikkal	Yellow+, clear, foam nil	Slow spread	Vali azhal
4.	AG4687	Antony mary	40/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Azhal vali
5.	AC2195	Vasanth	38/F	Veluppu Fissure +	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow + foam+	Aravam	Vali azhal
6.	V5695	Premalatha	37/F	Veluppu	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Azhal vali
7.	AJ3158	Selvi	35/F	Veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
8.	AG7612	Selvi	43/F	Maa padinthiruthal	Blackish	Thazhanta oli	Muddy	Mitham	Sikkal	Yellow + foam+	Slow spread	Vali azhal
9.	AG8012	Kanchana	40/F	Veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
10.	AI 7150	Shanthi	28/F	Veluppu Maa padinthiruthal	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Vali azhal

Allied parameters
Table showing the Envagai thervu

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
11.	AJ 2924	Vatsala	41/F	Maa padinthuruthal	Blackish	Sama oli	Muddy	Mitham	Sikkal	Yellow + foam+	Muthu kabam	Vali azhal
12.	IP 826	Brinda	42/F	Velluppu	Manjal	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Azhal vali
13.	AF 9447	Meera suriya praba	41/F	Veluppu	Manjal	Sama oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Azhal vali
14.	IP 796	Lakshmi	40/F	Maa padinthuruthal	Blackish	Uraththa Oli	Muddy	Mitham	Sikkal	Yellow ++ foam+	Slow spread	Azhal vali
15.	AB 6439	Malliga	43/F	Fissure present Maa padinthuruthal	Blackish	Sama oli	Muddy	Mitham	Manjal	Yellow + foam+	Slow spread	Vali azhal
16.	AG 6470	Tamil selvi	35/F	Velluppu Maa padinthuruthal	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow + foam+	Slow spread	Vali azhal
17.	AH 6383	Indirani	28/F	Maa padinthuruthal	Blackish	Sama oli	Muddy	Mitham	Sikkal	Yellow++, clear, foam nil	Slow spread	Vali azhal
18.	AI 8499	Panjavarnam	29/F	Veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
19.	O9329	Rajena	40/F	Veluppu	Manjal	Sama oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Azhal vali
20.	AJ2608	Dhanalakshmi	37/F	Maa padinthuruthal	Blackish	Thazhanta oli	Muddy	Mitham	Sikkal	Yellow++, clear, foam nil	Aravam	Vali azhal

Allied parameters
Table showing the Envagai thervu

Sl. No	OP.No	Name	Age/sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
21.	IP 896	Navasheri	41/F	Veluppu, black pigment present.	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow + foam+	Slow spread	Azhal vali
22.	AJ 087	Pushparani	42/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Aravam	Vali azhal
23.	AJ 7085	Parameshwari	25/F	Maa padinthuruthal	Blackish	Thazhanta oli	Muddy	Mitham	Sikkal	Yellow++, clear, foam nil	Slow spread	Vali azhal
24.	AJ 6050	Jaya	38/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
25.	AJ 6449	Chandra	38/F	Veluppu Maa padinthuruthal	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Water colour, clear, foam nil	Muthu kabam	Vali azhal
26.	AJ 4386	Dhanalakshmi	35/F	Veluppu Fissure +	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
27.	IP 902	Lakshmi	42/F	Veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Azhal vali
28.	AH 4430	Shanthi	45/F	Maa padinthuruthal	Blackish	Sama oli	Muddy	Mitham	Sikkal	Yellow+, clear, foam nil	Slow spread	Vali azhal
29.	X 5650	Vasanthi	45/F	Veluppu	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow + foam+	Muthu kabam	Vali azhal
30.	AJ7889	Kaladevi	36 /F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow + foam+	Slow spread	Vali azhal

Allied parameters
Table showing the Envagai thrvu

Sl. No	OP.No	Name	Age /sex	Naa	Niram	Mozhi	Vizhi	Sparism	Malam	Moothiram		Naadi
										Neer kuri	Nei kuri	
31.	AG 9847	Sandhana parvathi	37/F	Maa padinthiruthal	Blackish	Sama oli	Muddy	Mitham	Sikkal	Yellow+ + foam+	Slow spread	Azhal vali
32.	IP 934	Dhavamani	34/F	Veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Azhal vali
33.	S 3245	Mahamoodha	43/F	Veluppu Fissure +	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Muthu kabam	Vali azhal
34.	AH 1417	Yamuna	28/F	Maa padinthiruthal	Blackish	Uraththa Oli	Muddy	Mitham	Sikkal	Yellow+, clear, foam nil	Slow spread	Vali azhal
35.	AG 7939	Kumudha	31/F	Fissure present Maa padinthiruthal	Blackish	Sama oli	Muddy	Mitham	Manjal	Yellow + foam+	Slow spread	Vali azhal
36.	R 5674	Saralaraj	41/F	Veluppu	Blackish	Thazhanta oli	Veluppu	Mitham	Manjal	Water colour, clear, foam nil	Muthu kabam	Vali azhal
37.	AC 1013	Gomathi	30/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow+, clear, foam nil	Slow spread	Vali azhal
38.	AI 5955	Vijayalakshmi	38/F	veluppu	Blackish	Uraththa Oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Vali azhal
39.	X 5650	Usha	40/F	Veluppu	Manjal	Sama oli	Veluppu	Mitham	Manjal	Yellow ++ foam+	Slow spread	Vali azhal
40.	AB 4671	Seethalakshmi	40/F	Veluppu	Blackish	Sama oli	Veluppu	Mitham	Manjal	Yellow++, clear, foam nil	Slow spread	Azhal vali

Allied parameters
Table showing laboratory investigations

Table No. 24

Sl. No	OP.No	Age/sex	Blood						ESR		Hb	Smear study	TRBC	Sugar mgs%	BT	CT	Urine			
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr							Alb	Sug	Dep	
				Cells / cu mm															Pus cells	Epi cells
1.	IP 651	38/F	7000	56	40	4	-	-	34	70	8. 8	Hypochromic, microcytic,few vaculated RBC	3. 9	89	3 min	4 mi 60 sec	Nil	Nil	2-4	2-4
2.	AE 4458	27/F	7000	52	44	4	-	-	4	10	8. 7	Hypochromic, microcytic,few vaculated RBC	3. 3	89	3 min	4 mi 60 sec	Nil	Nil	2-4.	2-4
3.	AG024	37/F	8100	56	38	5	-	1	19	40	12. 6	Normal study	4. 2	78	2 min	4 mi 30 sec	Nil	Nil	6-8	5-6
4.	AG 4687	40/F	5100	56	47	3	-	-	10	20	7. 5	Hypochromic, microcytic,few vaculated RBC	2. 1	123	2 min	3 mi 30 sec	Nil	Nil	3-5	6-8
5.	AC 2195	38/F	7300	56	40	4	-	-	10	20	10. 2	Hypochromic, microcytic,few vaculated RBC	3. 8	79	2 mi 30 sec	4 mi 30 sec	Nil	Nil	2-4.	2-4
6.	V5695	37/F	8000	56	38	6	-	-	19	40	11. 2	Hypochromic, microcytic,few vaculated RBC	4. 2	78	2 min	3 mi 60 sec	Nil	Nil	1-3	2-4
7.	AJ3158	35/F	8000	55	42	3	-	-	22	44	10. 9	Hypochromic, microcytic,few vaculated RBC	3. 8	126	2 mi 45 sec	3 mi 20 sec	Nil	Nil	1-2	2-3
8.	AG 7612	43/F	7000	52	42	4	-	2	9	18	11.8	Normal study	4. 3	109	3 min	4 mi 60 sec	Nil	Nil	2-3	1-2
9.	AG 8012	40/F	7000	54	44	2	-	-	20	40	10. 4	Hypochromic, microcytic,few vaculated RBC	3. 6	96	2 mi 30 sec	3 mi 40 sec	Nil	Nil	1-2	1-2
10.	AI 7150	28/F	6900	56	34	10	-	-	12	24	9	Hypochromic, microcytic,few vaculated RBC	3	100	2 min	4 min	Nil	Nil	4-6	1-2

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/ sex	Blood						ESR		Hb	Smear study	TRBC	Sugar mgs%	BT	CT	Urine										
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr														Alb	Sug	Dep	
				Cells / cu mm																				Pus cells	Epi cells		
11.	AJ 2924	41/F	7800	53	44	03	-	-	22	44	11.8	Normal study	3. 9	96	2 min	3 mi 40 sec	Nil	Nil	2-3	1-2							
12.	IP 826	42/F	8900	58	38	4	-	-	24	48	10. 6	Hypochromic, microcytic,few vaculated RBC	3. 7	73	2 mi 30 sec	3 mi 20 sec	Nil	Nil	2-3	3-4							
13.	AF 9447	41/F	7000	58	38	4	-	-	9	18	8. 6	Hypochromic, microcytic,few vaculated RBC	3. 8	79	2 mi 10 sec	4 mi 30 sec	Nil	Nil	2-3	1-2							
14.	IP 796	40/F	7900	54	44	02	-	-	8	16	12. 8	Normal study	4. 1	95	3 mi 20 sec	4 min	Nil	Nil	1-2	1-2							
15.	AB 6439	43/F	7900	56	36	8	-	-	12	24	13.6	Normal study	4. 3	95	2 mi 50 sec	3 mi 50 sec	Nil	Nil	4-6	4-6							
16.	AG 6470	35/F	8000	54	44	2	-	-	8	16	9. 5	Hypochromic, microcytic,few vaculated RBC	3. 7	89	2 min	3 mi 30 sec	Nil	Nil	3-4	4-5							
17.	AH 6383	28/F	8600	61	33	6	-	-	8	16	13. 5	Normal study	5	100	3 mi 20 sec	4 min	Nil	Nil	4-6	6-7							
18.	AI 8499	29/F	7000	55	40	4	-	1	8	16	10.0	Hypochromic, microcytic,few vaculated RBC	3.6	131	2 mi 45 sec	3 mi 20 sec	Nil	Nil	2-3	3-4							
19.	O9329	40/F	8000	54	44	2	-	-	12	24	10. 4	Hypochromic, microcytic,few vaculated RBC	3. 7	117	1 mi 45 sec	2 mi 30 sec	Nil	Nil	2-3	3-6							
20.	AJ2608	37/F	7800	55	40	5	-	-	15	30	12. 6	Normal study	4. 4	110	2 mi 45 sec	3 mi 15 sec	Nil	Nil	4-5	4-5							

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/ sex	Blood						ESR		Hb	Smear study	TRBC	Sugar mgs%	BT	CT	Urine										
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr														Alb	Sug	Dep	
				Cells / cu mm																				Pus cells	Epi cells		
21.	IP 896	41/F	7800	50	43	05	-	2	6	12	10.0	Hypochromic, macrocytic, few vaculated RBC	2. 2	98	2 min 50 sec	3 mi 20 sec	Nil	Nil	2-3	1-2							
22.	AJ 087	42/F	6800	57	29	14	-	-	44	88	9. 0	Hypochromic, microcytic,few vaculated RBC	3. 0	136	2 mi30 sec	3 mi 20 sec	Nil	Nil	2-3	3-4							
23.	AJ 7085	25/F	8800	53	40	6	-	1	14	28	12.0	Normal study	4. 0	95	2 mi 45 sec	3 mi 40 sec	Nil	Nil	2-3	2- 4							
24.	AJ 6050	38/F	8000	50	43	05	-	-	24	50	10. 6	Hypochromic, microcytic,few vaculated RBC	3. 2	100	3 mi 5 sec	4 mi 10 sec	Nil	Nil	3- 4	4- 5							
25.	AJ 6449	38/F	7800	53	42	4	-	1	9	18	10. 7	Hypochromic, macrocytic, few vaculated RBC	3. 2	70	2 mi 50 sec	3 mi 25sec	Nil	Nil	4-6	1- 2							
26.	AJ 4386	35/F	9800	55	40	05	-	-	12	24	10. 6	Hypochromic, microcytic,few vaculated RBC	3. 6	89	2 mi 15 sec	3 mi 20 sec	Nil	Nil	3-4	4-5							
27.	IP 902	42/F	7000	50	44	05	-	01	26	50	10. 2	Hypochromic, microcytic,few vaculated RBC	2. 8	98	3 mi 20 sec	4 min	Nil	Nil	4-6	6-7							
28.	IP 799	45/F	6900	55	40	03	-	02	08	18	12.9	Normal study	4. 3	102	2 mi 40 sec	3 mi 50 sec	Nil	Nil	1- 2	1-2							
29.	X 5650	45/F	8600	54	44	2	-	-	12	24	10. 4	Hypochromic, microcytic,few vaculated RBC	3. 7	117	1 mi 45 sec	2 mi 30 sec	Nil	Nil	2-3	1- 2							
30.	AJ7889	36/F	6900	55	40	03	-	02	06	12	9. 8	Hypochromic, microcytic,few vaculated RBC	3. 1	98	2 min 30 sec	3 min 50 sec	Nil	Nil	4-5	4-5							

Allied parameters
Table showing laboratory investigations

Sl. No	OP.No	Age/ sex	Blood						ESR		Hb	Smear study	TRBC	Sugar mgs%	BT	CT	Urine										
			TC Cells /cu mm	P	L	E	B	M	½hr	1 hr														Alb	Sug	Dep	
				Cells / cu mm																				Pus cells	Epi cells		
31.	AG 9847	37/F	7800	55	42	03	-	2	22	44	11.6	Normal study	4	109	2 min 45 sec	3 mi 40 sec	Nil	Nil	3- 5	6- 8							
32.	IP 934	34/F	6200	56	40	04	-	-	22	44	10. 2	Hypochromic, microcytic,few vaculated RBC	3. 1	98	2 min	4mi n	Nil	Nil	2-3	3-4							
33.	S 3245	43/F	8100	56	40	4	-	-	08	16	9. 6	Hypochromic, microcytic,few vaculated RBC	3.3	78	2 mi 30 sec	3 mi 60 sec	Nil	Nil	2-4	4- 6							
34.	AH 1417	28/F	7100	53	42	04	-	-	5	10	12	Normal study	4. 3	70	3 mi 50 sec	4 mi 25 sec	Nil	Nil	1- 3	1- 2							
35.	AG 7939	31/F	7800	53	42	4	-	1	8	16	13	Normal study	3. 8	89	2 mi 25 sec	3 mi 25sec	Nil	Nil	1- 2	1- 2							
36.	R 5674	41/F	8800	55	40	05	-	-	12	24	10. 6	Hypochromic, microcytic,few vaculated RBC	3. 6	89	2 mi 15 sec	3 mi 20 sec	Nil	Nil	3-4	4- 5							
37.	AC 1013	30/F	7000	50	44	05	-	01	26	50	10. 2	Hypochromic, microcytic,few vaculated RBC	3. 1	98	3 mi 20 sec	4 min	Nil	Nil	4-6	6- 7							
38.	IP 823	42/F	6800	50	45	03	-	2	4	8	10.7	Hypochromic, microcytic,few vaculated RBC	3. 6	128	2 mi 30 sec	3 mi 50 sec	Nil	Nil	1- 3	3-4							
39.	X 5650	40/F	8600	53	45	2	-	-	12	24	10. 4	Hypochromic, microcytic,few vaculated RBC	3. 7	117	1 mi 45 sec	2 mi 30 sec	Nil	Nil	2-3	1- 2							
40.	AB 4671	40/F	6800	52	44	04	-	-	08	16	10. 6	Hypochromic, microcytic,few vaculated RBC	3. 6	92	2 min	3 min 30 sec	Nil	Nil	4-5	4-5							

Envagai thervu

IP NO : 896

AGE/SEX: 41/F



Tongue - pale

IP.NO : 902

AGE/SEX : 42/F



Conjunctiva – pale

Slow spreading and assuming like a coin shaped.

IP.NO : 934

AGE/ SEX: 34/ F



IP.NO : 796

AGE/ SEX:40 /F



OP. NO : X5650

AGE/ SEX: 45/F



Muthu kabam

DISCUSSION

DISCUSSION

Vatha perumbadu is a specific type of disease with symptoms like headache, body pain, complexion changes, fullness of the abdomen, abdominal pain, back ache and excessive offensive, reddish black coloured menstrual bleeding.

Sage Yugi in his 'Yugi vaidhya sinthamani' classifies perumbadu into four types. *Vatha perumbadu* is one of those types. Also 'Manmurikiyam' and 'Anubava vaidhya devaragasiyam' describe *Vatha perumbadu* under the heading perumbadu.

Among the 200 cases screened, 100 cases were shortlisted and among this 100, 40 cases were diagnosed to have *Vatha perumbadu*. Out of the 40 cases, 32 cases were observed in OPD and 8 cases were observed in IPD of Ayothidoss Pandithar Hospital, National Institute of Siddha, Chennai – 47.

Among 40 cases, 37.5% of cases were under 36 – 40 age group. 32.5% of cases were under 41 - 45 age group. 80% of the cases acquired the disease during Azhal kaalam. (33 – 66 yrs)

According to Yugi's literature, heavy intake of animal foods leads to *Vatha perumbadu*. This correlates well with the observation in the author's study that 87.5% of cases were found to be non- vegetarians.

In *Vatha perumbadu* the character of pulse is 'Munnokku' in vali and azhal pulses. Pulse appraisals of 75% of cases showed the 'vanmai' (bounding) character. Pulse play in 70% of cases had Valiazhal. In patients with complaints of excessive menstrual bleeding they are more likely to be of *Vatha perumbadu* if they have their pulse play vali azhal consistently in serial recordings. Because in all the 40 cases of the study, 70 % of cases have Vali azhal.

In *Vatha perumbadu* 37. 5% of cases had coated tongue and 70% of cases showed pallor of the tongue.

In most of the cases pallor was presented in the eyes. 70 % of cases have suffering from *Vatha perumbadu* were found to be anaemic and was confirmed by the lab investigations.

Most cases had mild warmth and normal sweat.

The complexions of the 87.5% of cases were blackish brown. There may be a predilection of Vatha constitution subjects to have *Vatha perumbadu* at some point of time in their lives.

Most cases had normal voice.

The urine in the cases was yellow colour. Foam was present in the urine of 70% of cases.

Therayer's Neerkuri Vaidhyam states that the oil- on – urine sign in perumbadu patients shows patterns of slow spreading and taking a coin like pattern. This was confirmed in 80% of the cases inducted in the study.

Of all the cases 52.5% of cases had lower abdominal tenderness. ('Mei' of the Iymporigal).

Among 40 cases all of them had deranged abaanan, samanana, viyanana and devathathan. 75% of cases had deranged udhaanan, 70% of cases had deranged praanan and kirukaran. 100% of cases had deranged saathaga pitham. 70% of cases had deranged pasagam, Ranjaga pitham, 52.5 % of cases had deranged prasaga pitham. 100% of cases had deranged santhigam. 70% of cases had deranged kilathagam, avalambagam. This indicates the predominance of Vali humor that was affected.

The deranged Udai thathukkal were saaram, channer, oon, kozhuppu, enbu, moolai and suronitham.

In Zodiac sign, 12.5% of cases have zodiac sign Taurus. Patients of zodiac sign Taurus were observed to be more prone to get involved in ***Vatha perumbadu***.

In the wrist circummetric sign, 30% of cases had 10 finger breadths, 25% of cases have 9 finger breadths.

Mostly ***Vatha perumbadu*** was incidental in muduvenir kaalam. Mostly the disease ***Vatha Perumbadu*** got to be started in subjects lived in coastal belts because Vali humor is bound to be affected in subjects living in coastal areas.

The symptoms of ***Vatha perumbadu*** are congruent with symptoms like Menorrhagia in the setting of Uterine Myoma.

In the 96 principles, five pancha boothams were affected.

In Vatha perumbadu kaal, eruvai and karuvai were affected.

All the four anthakaranams were affected.

In aasayam, Amarvasayam, malavasayam and suronithaasayam were affected.

In kosam, annamayakosam and manomayakosam were affected. The affected annamayakosam affects other kosams.

In Aatharam, swathittanam and moolatharam were affected.

Thamogunam is implicated as one of the etiological factor for ***Vatha perumbadu***

Most of the cases had the Vali migu gunam character like abdominal distension, lack of activities, weakness, and body colour – blackish, insomnia.

Excessive offensive reddish black coloured menstrual bleeding in ***Vatha perumbadu*** is different from Pitha, Kaba and Thontha perumbadu.

Differential diagnosis

Pitha perumbadu

Though pitha perumbadu produces symptoms like loss of appetite, yellowish vaginal discharge, pallor of the body, pain in the both lower and upper limbs, passing of dark blood clots, burning sensation of the body, it does not have excessive offensive reddish black colour menstrual bleeding. Thus it is differentiated from ***Vatha perumbadu***.

Kaba perumbadu

Though in Kaba perumbadu the vaginal discharge is light coloured, offensive odour, burning sensation of the body, palpitation, dyspnoea, cough with expectoration, giddiness occurring quite often, it does not have excessive offensive reddish black colour menstrual bleeding. Thus it is differentiated from ***Vatha perumbadu***.

Thontha perumbadu

Though Thontha perumbadu causes clotted flow of reddish black colour, abdominal distension, pain presenting in the abdomen, offensive yellowish vaginal discharge, titubation, increased salivation, it does not have excessive offensive reddish black coloured menstrual bleeding. Thus it is differentiated from ***Vatha perumbadu***.

Mukkuutra verupaadu (Interplay of trihumors)

People who are living in conditions which are conducive for the augmentation of Vatham are in favour of developing extra growth like masses anywhere in the body especially the uterus and its adnexa in the females.

Naturally the humor Pitham is inherent to cause bleeding at all potential sites, whenever the condition is seemly for it. Here in this study the Pitham combines with the Vatham secondarily causing uterine bleeding. This interplay of the humors is postulated by the author to be critical in the causation of the disease *Vatha perumbadu*.

Preventive aspects of vatha perumbadu

Restrictions in diet

- ❖ Sour taste, non vegetarian diet, tuberous diet, astringents, increased intake of pulses and cereals.
- ❖ Should avoid anger

To prevent *vatha perumbadu* by following the anti vali diet, good habits, spiritual acts, peaceful sleep.

Suggested line of treatment

“விரேசனத்தால் வாதம் தாழும்”

“வமனத்தால் பித்தம் தாழும்”

Vatha perumbadu arises due to elevation of vali humor; it affects the seven constituents of the body and there by increases the pitha humor. So accordingly to bring vatha and pitha towards normal, Purgation and Emetic should be given as the first line of treatment followed by administration of internal medicines.

SUMMARY

AND

CONCLUSION

SUMMARY AND CONCLUSION

Siddhars postulated the causes for *Vatha perumbadu* which was mentioned by this study.

Increased intake of non vegetarian diet, sleeplessness, increased anger, frustration, sleeping during day time, eating without hunger, heavy weight bearing, increased sexual desire and teasing poor people will produce vatha perumbadu. Living moral life without sexual immorality, helping others, avoiding mental depression or anger, unaltered timely food habits are the main factors to avoid this disease.

It is apparent from the study that vatha perumbadu occurs mostly in Azhal kaalam of an individual and Non vegetarians.

Vatha perumbadu occurs mostly in Muduvenir kaalam. The symptoms of the disease also developed mostly in Neithal nilam.

A good number of *Vatha perumbadu* patients have 10 finger breadths of Manikkadai nool.

Patients with zodiac signs, Taurus was more prone to be involved with *Vatha perumbadu*.

In the three humors, Vali is affected more in this disease which leads to derangements of other two humors.

Most of the *Vatha perumbadu* patients had Vali azhal naadi.

Nei kuri study revealed that 80% of cases had slow spreading and a coin like pattern.

In this study by means of Eight fold examination, Land, Season, Astrology, Manikkadai nool and along with the clinical symptoms, the author concludes the diagnosis as *Vatha perumbadu*.

ANNEXURE

ANNEXURE

NOI NAADAL DEPARTMENT NATIONAL INSTITUTE OF SIDDHA CHENNAI - 47

A STUDY TO ACCESS THE DIAGNOSTIC ABILITY OF SIDDHA SYSTEM FOR VATHA PERUMBADU

FORM-I SELECTION PROFORMA

1. O.P.No : _____ 2. I.P No _____ 3. Bed No: _____ 4. S.No: _____

5. Name: _____ 6. Age (years):

--	--

 7. Sex

--	--

8. Occupation: _____ 9. Income: _____ \ month

10. Local Address

11. Permanent Address

12. Complaints and duration:

13. History of present illness:

14. Past history:

15. Family history:

16. Menstrual & Obstetric history:

Habits

	Yes (1)	No (2)	
17. Betalnut chewer:	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Tea:	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Coffee:	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Milk:	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Food habit	V <input type="checkbox"/> NV <input type="checkbox"/> M <input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL ETIOLOGY FOR VATHA PERUMBADU

	1. Yes	2. No
22. Anger	<input type="checkbox"/>	<input type="checkbox"/>
23. Frustration	<input type="checkbox"/>	<input type="checkbox"/>
24. Heavy intake of non vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
25. Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>
26. Eating before hungef	<input type="checkbox"/>	<input type="checkbox"/>
27. Heavy weight bearing	<input type="checkbox"/>	<input type="checkbox"/>
28. Improper sleeping position	<input type="checkbox"/>	<input type="checkbox"/>
29. Sleeping in day time	<input type="checkbox"/>	<input type="checkbox"/>
30. Increased sexual desire	<input type="checkbox"/>	<input type="checkbox"/>
31. Teasing poor people and beggar	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL EXAMINATION

32. Weight (kg)	<input type="text"/> /Kg
33. Temperatures (⁰ F)	<input type="text"/> / ⁰ F
34. Pulse rate / minute	<input type="text"/> / Min

35. Heart rate / minute	<div>/ Min</div>
36. Respiratory rate / minute	<div>/ Min</div>
37. Blood pressure (mmHg)	<div></div>

	1. Yes	2. No	
38. Pallor:	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Jaundice:	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Cyanosis:	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Lymphadenopathy:	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Pedal edema:	<input type="checkbox"/>	<input type="checkbox"/>	_____
43. Clubbing:	<input type="checkbox"/>	<input type="checkbox"/>	_____
44. Jugular vein pulsation:	<input type="checkbox"/>	<input type="checkbox"/>	_____

EXAMINATION OF FUNCTION OF VITAL ORGANS

	1. Normal	2. Affected	
45. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
50. Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
51. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIDDHA SYSTEM OF EXAMINATION

ENVAGAI THERVUKAL

NAADI(KAI KURI)

I.Naadi Nithanam

52. Kalam

1.Kaarkaalam	<input type="checkbox"/>	2.Koothirkaalam	<input type="checkbox"/>
3.Munpanikaalam	<input type="checkbox"/>	4.Pinpanikaalam	<input type="checkbox"/>
5.Ilavanirkaalam	<input type="checkbox"/>	6.Muthuvenirkaalam	<input type="checkbox"/>

53. Desam	1. Kulir	<input type="checkbox"/>	2. veppam	<input type="checkbox"/>	
54. Vayathu	1. 1-33yrs	<input type="checkbox"/>	2. 34-66yrs	<input type="checkbox"/>	3. 67-100 <input type="checkbox"/>
55. Udal Vannmai	1. Iyyalbu	<input type="checkbox"/>	3. Valivu	<input type="checkbox"/>	4.Melivu <input type="checkbox"/>
56. Vannmai (Naadi)	1. . Vannmai	<input type="checkbox"/>	2.Mennmai	<input type="checkbox"/>	
57. Panbhu	1.Thannadai	<input type="checkbox"/>	2. Puranadai	<input type="checkbox"/>	3.Illaitthal <input type="checkbox"/>
	4.Kathitthal	<input type="checkbox"/>	5.Kuthitthal	<input type="checkbox"/>	6.Thullal <input type="checkbox"/>
	7.Azhutthal	<input type="checkbox"/>	8. Paduthattal	<input type="checkbox"/>	9. Kalathattal <input type="checkbox"/>
	10. Munnokku	<input type="checkbox"/>	11. Pinnokku	<input type="checkbox"/>	12. Suzhalal <input type="checkbox"/>
	13. Pakkamnokku	<input type="checkbox"/>			

II. Naadi nadai

1. Vali	<input type="checkbox"/>	2. Azhal	<input type="checkbox"/>	3. Iyyam	<input type="checkbox"/>
4. Vali azhal	<input type="checkbox"/>	5. Azhal vali	<input type="checkbox"/>	6. Iyyavali	<input type="checkbox"/>
7. Vali iyyam	<input type="checkbox"/>	8. Azhal iyyam	<input type="checkbox"/>	9. Iyya azhal	<input type="checkbox"/>

NAA

58. Maa padintiruthal 1. Present ☐ 2. Absent ☐
59. Niram 1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐
60. Suvai 1. Pulippu ☐ 2. Kaippu ☐ 3. Inippu ☐
61. Vedippu 1. Present ☐ 2. Absent ☐
62. Vai neer oorai 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

NIRAM

1. Karuppu ☐ 2. Manjal ☐ 3. Veluppu ☐

MOZHI

1. Sama oli ☐ 2. Urattha oli ☐ 3. Thazhanthaoli ☐

VIZHI

63. Niram (Venvizhi) 1. Karuppu ☐ 2. Manjal ☐
3. Sivappu ☐ 4. Veluppu ☐
64. Kanneer 1. Present ☐ 2. Absent ☐
65. Erichchal 1. Present ☐ 2. Absent ☐
66. Peelai seruthal 1. Present ☐ 2. Absent ☐

MEI KURI - SPARISM

67. Veppam 1. Mitham ☐ 2. Migu ☐ 3. Thatpam ☐
68. Viyarvai 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
69. Thodu vali 1. Present ☐ 2. Absent ☐

MALAM

- | | | |
|----------------|-------------------------------------|-------------------------------------|
| 70. .Niram | 1. Karuppu <input type="checkbox"/> | 2. Manjal <input type="checkbox"/> |
| | 3. Sivappu <input type="checkbox"/> | 4. Veluppu <input type="checkbox"/> |
| 71. Sikkal | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> |
| 72. Sirutthal | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> |
| 73. Kalichchal | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> |
| 74. Seetham | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> |
| 75. Vemmai | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> |

NEER KURI

- | | | | |
|--------------------|-------------------------------------|---------------------------------------|---|
| 76. Niram | 1. Venmai <input type="checkbox"/> | 2. Manjal <input type="checkbox"/> | 3. Crystal clear <input type="checkbox"/> |
| 77. Manam | 1. Present <input type="checkbox"/> | 2. Absent <input type="checkbox"/> | |
| 78. Nurai | 1. Nil <input type="checkbox"/> | 2. Reduced <input type="checkbox"/> | 3. Increased <input type="checkbox"/> |
| 79. Edai (Ganam) | 1. Normal <input type="checkbox"/> | 2. Increased <input type="checkbox"/> | 3. Reduced <input type="checkbox"/> |
| 80. Enjal (Alavu) | 1. Normal <input type="checkbox"/> | 2. Increased <input type="checkbox"/> | 3. Reduced <input type="checkbox"/> |

81. NEI KURI

- | | |
|---|---|
| 1. Aravam <input type="checkbox"/> | 2. Mothiram <input type="checkbox"/> |
| 3. Muthu <input type="checkbox"/> | 4. Aravil mothiram <input type="checkbox"/> |
| 5. Aravilmuthu <input type="checkbox"/> | 6. Mothirathil muthu <input type="checkbox"/> |
| 7. Mothirathilaravam <input type="checkbox"/> | 8. Muthilaravam <input type="checkbox"/> |
| 9. Muthilmothiram <input type="checkbox"/> | 10. Asathiyam <input type="checkbox"/> |
| 11. Mellena paraval <input type="checkbox"/> | |

82. MANIKADAI NOOL (Viral kadai alavu)**IYMPORIGAL**

1. Normal

2. Affected

83. Mei

☐☐

84. Vaai

☐☐

85. Kan

☐☐

86. Mookku

☐☐

87. Sevi

☐☐

KANMAENTHRIYANGAL

88. Kai

☐☐

89. Kaal

☐☐

90. Vaai

☐☐

91. Eruvai

☐☐

92. Karuvaai

☐☐

YAKKAI

93. Vali

☐

94. Azhal

☐

95. Iyam

☐

96. Valiazhal

☐

97. Valaiyam

☐

98. Azhalvali

☐

99. Azhaliyam

☐

100. Iyavali

☐

101. Iyaazhal

☐**GUNAM**

102. Sathuva Gunam

☐

103. Rajo Gunam

☐

104. Thamo Gunam

☐

UYIR THATHUKKAL

VALI

	1. Normal	2. Affected	
105. Praanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
106. Abaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
107. Samaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Udhaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. Viyaanan	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. Naagan	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. Koorman	<input type="checkbox"/>	<input type="checkbox"/>	_____
112. Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>	_____
113. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>	_____

AZHAL

	1. Normal	2. Affected	
115. Anala pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
116. Prasaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
117. Ranjaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Aalosaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Saathaka pittham	<input type="checkbox"/>	<input type="checkbox"/>	_____

IYAM

	1. Normal	2. Affected	
120. Avalambagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
121. Kilethagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Pothagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Tharpagam	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Santhigam	<input type="checkbox"/>	<input type="checkbox"/>	_____

UDAL THATHUKKAL

	1. Normal	2. Affected	
125. Saaram	<input type="checkbox"/>	<input type="checkbox"/>	_____
126. Chenneer	<input type="checkbox"/>	<input type="checkbox"/>	_____
127. Oon	<input type="checkbox"/>	<input type="checkbox"/>	_____
128. Kozhuppu	<input type="checkbox"/>	<input type="checkbox"/>	_____
129. Enbu	<input type="checkbox"/>	<input type="checkbox"/>	_____
130. Moolai	<input type="checkbox"/>	<input type="checkbox"/>	_____
131. Suronitham	<input type="checkbox"/>	<input type="checkbox"/>	_____

MUKKUTRA MIGU GUNAM

I. Vali migu gunam

	1. Present	2. Absent
132. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
133. Body colour – black	<input type="checkbox"/>	<input type="checkbox"/>
134. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
135. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>

136. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
137. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
138. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
139. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
140. Weakness of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
141. Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
142. Ookkaminmai	<input type="checkbox"/>	<input type="checkbox"/>

II. Pitham migu gunam

1. Present

2. Absent

143. Yellow colouration of skin	<input type="checkbox"/>	<input type="checkbox"/>
144. Yellow colouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
145. Yellow colouration of urine	<input type="checkbox"/>	<input type="checkbox"/>
146. Yellow colouration of faeces	<input type="checkbox"/>	<input type="checkbox"/>
147. Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
148. Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>
149. Burning sensation in the body	<input type="checkbox"/>	<input type="checkbox"/>
150. Sleeping disturbance	<input type="checkbox"/>	<input type="checkbox"/>

III. Kapham migu gunam

1. Present

2. Absent

151. Increased salivary secretion	<input type="checkbox"/>	<input type="checkbox"/>
152. Reduced activeness	<input type="checkbox"/>	<input type="checkbox"/>
153. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
154. Body colour – White	<input type="checkbox"/>	<input type="checkbox"/>

155. Chillness of the body ☐ ☐
156. Reduced appetite ☐ ☐
157. Eraippu ☐ ☐
158. Increased sleep ☐ ☐

159. NOI UTRA KAALAM

1. Kaarkaalam ☐ 2. Koothirkaalam ☐
3. Munpanikaalam ☐ 4. Pinpanikaalam ☐
5. Ilavanirkaalam ☐ 6. Muthuvenirkaalam ☐

160. NOI UTRA NILAM

1. Kurunji ☐ 2. Mullai ☐ 3. Marutham ☐
4. Neithal ☐ 5. Palai ☐

161. Date of Birth - -

162. Time of Birth A.M / P.M

163. Place of Birth _____

INVESTIGATION

BLOOD

164. TC (cells /cumm):

165. DC (%): 1. P 2. L 3. E 4. B
5. M

166. Hb (gms %): .

167. ESR (mm/hr): 1. 1/2hr 2. 1hr

168. Blood Sugar (R) (mgs / dl)

169. Smear study

170. Bleeding Time:

171. Clotting Time:

URINE

172. Albumin: 0. Nil ☐ 1. Trace ☐ 2. + ☐ 3. ++ ☐
4. +++ ☐

173. Sugar: 0. Nil ☐ 1. Trace ☐ 2. + ☐ 3. ++ ☐
4. +++ ☐

Deposits

1. Yes 2. No

174. Pus cells ☐ ☐

175. Epithelial cells ☐ ☐

176. RBC ☐ ☐

177. Crystals ☐ ☐

179. Ultra sonography

180. Raasi

1. Mesam	<input type="checkbox"/>	2. Rishabam	<input type="checkbox"/>	3. Midhunam	<input type="checkbox"/>
4. Katakam	<input type="checkbox"/>	5. Simmam	<input type="checkbox"/>	6. Kanni	<input type="checkbox"/>
7. Thulam	<input type="checkbox"/>	8. Viruchiham	<input type="checkbox"/>	9. Dhanusu	<input type="checkbox"/>
10. Maharam	<input type="checkbox"/>	11. Kumbam	<input type="checkbox"/>	12. Meenam	<input type="checkbox"/>
13. Not Known	<input type="checkbox"/>				

181. Natchathiram

1. Aswini	<input type="checkbox"/>	2.Barani	<input type="checkbox"/>	3.Karthikai	<input type="checkbox"/>
4.Rohini	<input type="checkbox"/>	5.Mirugaseeradam	<input type="checkbox"/>	6. Thiruvathirai	<input type="checkbox"/>
7. Punarpoosam	<input type="checkbox"/>	8. Poosam	<input type="checkbox"/>	9. Ayilyam	<input type="checkbox"/>
10. Makam	<input type="checkbox"/>	11.Pooram	<input type="checkbox"/>	12. Utthiram	<input type="checkbox"/>
13. Astham	<input type="checkbox"/>	14.Chithirai	<input type="checkbox"/>	15. Swathi	<input type="checkbox"/>
16. Visakam	<input type="checkbox"/>	17. Anusam	<input type="checkbox"/>	18.Kettai	<input type="checkbox"/>
19 Moolam	<input type="checkbox"/>	20. Pooradam	<input type="checkbox"/>	21. Uthiradam	<input type="checkbox"/>
22.Thiruvonam	<input type="checkbox"/>	23.Avittam	<input type="checkbox"/>	24. Sadayam	<input type="checkbox"/>
25.Poorattathi	<input type="checkbox"/>	26.Uthirattathi	<input type="checkbox"/>	27.Revathi	<input type="checkbox"/>
28. .Not Known	<input type="checkbox"/>				

CLINICAL SYMPTOMS OF VATHA PERUMBADU

182. Head ache	<input type="checkbox"/>	<input type="checkbox"/>
183. Body pain	<input type="checkbox"/>	<input type="checkbox"/>
184. Back ache	<input type="checkbox"/>	<input type="checkbox"/>
185. Complexion changes	<input type="checkbox"/>	<input type="checkbox"/>
186. Fullness of the abdomen	<input type="checkbox"/>	<input type="checkbox"/>
187. Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
188. Profuse menstrual bleeding	<input type="checkbox"/>	<input type="checkbox"/>
189. Menstrual bleeding in reddish black colour	<input type="checkbox"/>	<input type="checkbox"/>
190. Menstrual bleeding with offensive odour	<input type="checkbox"/>	<input type="checkbox"/>

BIBLIOGRAPHY

BIBLIOGRAPHY

- Agathiyar Vaidhyam
- Agathiyar Gunavahadam
- Agathiyar vaithya chinthamani
- Agathiyar paripooranam
- Agathiyar vaithya rathina surukkam
- Anuboga vaithiya muraigal
- Anubava vaithuya devaragasiyam
- Athma ratchamirtham yenum vaidhya sara sangiragam
- Clinical gynecology - Dr. K. Bhasker rao, Dr. N. N. Roy chowdhury.
- Chaurasia's human anatomy
- Dhanvanthiri vaidhyam
- Gray's anatomy
- Gynaecology by ten teachers – Dr. Dtuart Campbell.
- History of siddha medicine - Dr. N. Kandaswamy pillai.
- Harrison's principles of internal medicine – volume I
- Introduction to siddha medicine by T.V.S
- Manmurikiyam
- Magalir maruthuvam - Dr. Venugopal H.P.I.M
- Noi illa neri - Dr. Durairasan H.P.I.M
- Noi naadal noi mudal naadal – part I -Dr. M. Shanmugavelu H.P.I.M
- Noigallukku siddha parikaram -Dr. M. Shanmugavelu H.P.I.M
- Park's textbook of preventive and social medicine

- Pararasasekaram
 - Pathinen siddhar naadi saasthiram
 - Pathologic basis of disease Robbins and Cotran.
 - Physiology Sembulingam
 - Sambasivan pillai T.V. 1938, Tamil – English medical dictionary
 - Siddha maruthuva sirappu - Dr. R. Thiyagarajan L.I.M.
 - Siddha maruthuvanga surukkam - Dr. Utthamarayan H.P.I.M
 - Shaw's textbook of gynaecology
 - Textbook of pathology – Harsh mohan
 - Thirukural – Thiruvalluvar.
 - Thirumoolar karukkadaid vaidhyam – 600
 - Thiruvalluvar periyā sunthara sekaram
 - Thotrakirama aaraichiyum siddha maruthuva varalarum.
- Dr.Utthamarayan H.P.I.M
- Therayar vagadam
 - Yugi vaidhya chinthamani